

# 2001 UNIFORM BUSINESS REPORT (UBR)

0012875 AF

DOCUMENT # **A32751**

1. Entity Name

**IRCC COMMERCIAL INVESTMENTS, LTD.**

Principal Place of Business

C/O IRCC COMMERCIAL INVESTMENTS, INC.  
4625 NORTH A-1-A  
VERO BEACH FL 32963

Mailing Address

C/O IRCC COMMERCIAL INVESTMENTS, INC.  
4625 NORTH A-1-A  
VERO BEACH FL 32963

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0457184  
65-0314110

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENDERSON, STEVE L., ESQ.  
817 BEACHLAND BOULEVARD  
VERO BEACH FL 32963

Name:

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$350,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER WITH THIS FILING DOES NOT QUALIFY FOR THE EXEMPTION STATED IN SECTION 119.07(3)(i), FLORIDA STATUTES. I FURTHER CERTIFY THAT THE INFORMATION INDICATED ON THIS REPORT IS TRUE AND ACCURATE AND THAT MY SIGNATURE SHALL HAVE THE SAME LEGAL EFFECT AS IF MADE UNDER OATH; THAT I AM A GENERAL PARTNER OF THE LIMITED PARTNERSHIP OR THE RECEIVER OR TRUSTEE EMPOWERED TO EXECUTE THIS REPORT AS REQUIRED BY CHAPTER 620, FLORIDA STATUTES.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # V14121  
NAME IRCC COMMERCIAL INV., INC  
STREET ADDRESS 4625 NORTH A-1-A  
CITY-ST-ZIP VERO BEACH FL

STREET ADDRESS

CITY-ST-ZIP

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2-501

CR2E003 (11/00)