

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A32761**

1. Entity Name

HOLLY LANE STUD (EAST), LTD.

Principal Place of Business

**BUILDING TWO
3000 NORTH FEDERAL HIGHWAY, SUITE 200
FORT LAUDERDALE FL 33306**

Mailing Address

**BUILDING TWO
3000 NORTH FEDERAL HIGHWAY, SUITE 200
FORT LAUDERDALE FL 33306**

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

65-0346319

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 18 PM 11:02

[Handwritten signature]

6. Name and Address of Current Registered Agent

**SANTANGELO, CARL G., ESQ.
BUILDING TWO, SUITE 200
3000 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE FL 33306**

7. Name and Address of New Registered Agent

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.

\$405,900.00

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 THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # **V24873**
NAME **HOLLY LANE STUD, INC.**
STREET ADDRESS **%3005 N.E. 31ST AVENUE**
CITY-ST-ZIP **LIGHTHOUSE POINT FL**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

700003437007--5

-10/24/00--01070--021

*****926.25 ***926.25**

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8/14/00

Daytime Phone #