

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A32761**

1. Entity Name

HOLLY LANE STUD (EAST), LTD.

FILED

02 JAN 16 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number
65-0346319

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/11/02

954786-8830

CR2E003 (9/01)