

2002 UNIFORM BUSINESS REPORT (UBR)

0012388 AT

DOCUMENT # **A32854**

1. Entity Name

THE HIDEAWAY MARINA LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY -2 PM 3:45

Principal Place of Business

ATTN: PIERRE GAUDREAU
599 SOUTH FEDERAL HIGHWAY
POMPANO BEACH FL 33062

Mailing Address

C/O ADAM S. GUNSON, ESQ.
6390 INDIANTOWN ROAD, SUITE 30
JUPITER FL 33458



2. Principal Place of Business

3. Mailing Address

599 S. FEDERAL HWY.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

POMPANO BEACH FL

4. FEI Number

65-0325163

Applied For

Not Applicable

Zip

Country

Zip

Country

33062

USA

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

**GUMSON, ADAM S.ESQ.
CHASEWOOD PLAZA-SUITE 30
6390 INDIANTOWN ROAD
JUPITER FL 33458**

Name

PIERRE GAUDREAU

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

599 S. FEDERAL HWY

City

POMPANO BEACH

FL

Zip Code

33062

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.

\$792,000.00

10. Amount of Capital Contributions in FLORIDA to date.

792,000.00

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 # **V21204**
NAME **THE HIDEAWAY MARINA, INC.**
STREET ADDRESS **599 S. FEDERAL HIGHWAY**
CITY-ST-ZIP **POMPANO BEACH FL**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/23/02

Date

954 943 3200

Daytime Phone #

CR2E003 (9/01)