

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A32870**

1. Entity Name

IES RIVER PARK, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 10 PM 12:59

Principal Place of Business
**206 GREENBRIER A
WEST PALM BEACH FL 33417**

Mailing Address
**206 GREENBRIER A
WEST PALM BEACH FL 33417-2336**



DO NOT WRITE IN THIS SPACE

MJH

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 65-0325637	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent SCHECHTER, IRVING E 206 GREENBRIER A WEST PALM BEACH FL 33417		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$473,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 # V29958	NAME IES MOBILE PARK & SALES	STREET ADDRESS	400003236014-7 -05/03/00--01011--001 ****526.25 ****526.25
STREET ADDRESS 206 GREENBRIER A	CITY - ST - ZIP WEST PALM BEACH FL 33417	CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
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

561-712-0016

Date Daytime Phone #