

# 2001 UNIFORM BUSINESS REPORT (UBR)

0007880 AF

**DOCUMENT # A93000000056**  
 1. Entity Name  
**SPRINGTREE COUNTRY CLUB PLAZA LTD.**

**FILED**  
 01 APR 30 PM 6:39  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business C/O ABDO INVESTMENTS, INC. 7280 W PALMETTO PARK RD STE 306N BOCA RATON FL 33433	Mailing Address C/O ABDO INVESTMENTS, INC. 7280 W PALMETTO PARK RD STE 306N BOCA RATON FL 33433
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DO NOT WRITE IN THIS SPACE

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 <b>65-0389310</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**BEAVER PROPERTIES, INC.**  
**7280 W. PALMETTO PARK RD.**  
**STE. 306N**  
**BOCA RATON FL 33433**

**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 \_\_\_\_\_ (NOT Registered Agent's signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$1,410,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>\$1,358,540.00</b>	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**

DOCUMENT #	<b>S60091</b>
NAME	<b>ABDO INVESTMENTS, INC.</b>
STREET ADDRESS	<b>7280 W. PALMETTO PK. RD., STE. 306N</b>
CITY - ST - ZIP	<b>BOCA RATON FL 33433</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	
CITY - ST - ZIP	<i>7280</i>
STREET ADDRESS	
CITY - ST - ZIP	<i>574</i>
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	<b>700004216917--0</b>
CITY - ST - ZIP	<b>-05/15/01--01051--024</b>
	<b>****526.25 ****526.25</b>
STREET ADDRESS	
CITY - ST - ZIP	
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:** *Joseph Sabga* **SIGNATURE REQUIRED** **04/24/2001** **(561) 392-2777**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)