

2000 UNIFORM BUSINESS REPORT (UBR)

0020931 13P

DOCUMENT # A93000000514			
1. Entity Name HAR-RIS BOCA GROVE, LTD.			
Principal Place of Business 11500 EL CLAIR RANCE RD BOYNTON BEACH FL 33437		Mailing Address 11500 EL CLAIR RANCE RD BOYNTON BEACH FL 33437	
2. Principal Place of Business 11500 El Clair Ranch Rd. Suite, Apt. #, etc.		3. Mailing Address 11500 El Clair Ranch Rd. Suite, Apt. #, etc.	
City & State Boynton Beach, FL Zip Country 33437		City & State Boynton Beach, FL Zip Country 33437	
4. FEI Number 65-0409411		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARRIS BRETT-RIS, INC. 5160 W. WOOLBRIGHT ROAD BOYNTON BEACH FL 33437		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
9. Capital Contributions as Shown on record. \$20,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
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 # NAME STREET ADDRESS CITY - ST - ZIP	P93000021245 HARRIS BRETT-RIS, INC. 5160 W. WOODBRIGHT ROAD BOYNTON BEACH FL 33437	STREET ADDRESS CITY - ST - ZIP	7000003245777-5 -05/10/00 --01006--023 ****228.75 ****228.75
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DO NOT WRITE IN THIS SPACE

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: Albert N Provansky **ALBERT N PROVANSKY Vice Pres & General Partner**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date: 4/14/00 (SU) 1375805 Daytime Phone #