

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000000015**

1. Entity Name  
**GROSVENOR PARK I LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUN 14 PM 1:33

Principal Place of Business  
2401 PGA BLVD.  
SUITE 280  
PALM BCH GARDENS FL 33410

Mailing Address  
2401 PGA BLVD.  
SUITE 280  
PALM BCH GARDENS FL 33410-3516



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAMILTON, THOMAS  
2401 PGA BLVD.  
SUITE 280  
PALM BCH. GARDENS FL 33410

Name ~~David J. Wiener, Esq.~~ **David J. Wiener, Esq.**

Street Address (P.O. Box Number is Not Acceptable)  
**2401 PGA Boulevard**

Suite 280

City **Palm Beach Gardens, FL** Zip Code **33410**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record. **\$10.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$10.00**

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 # **P34894**  
NAME **HALMISH MANAGEMENT CORPORATION**  
STREET ADDRESS **2401 PGA BLVD. STE. 280**  
CITY - ST - ZIP **PALM BCH GARDENS FL 33410**

STREET ADDRESS

CITY - ST - ZIP

**9000003298089--9**

**-06/21/00--01004--001**

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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: **Tom Hamilton, President** April 25, 2000 (561) 694-9270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #