

2001 UNIFORM BUSINESS REPORT (UBR)

0018951 AB

DOCUMENT # A94000000881

1. Entity Name

PRAXIS OF DEERFIELD BEACH, III, LTD.

FILED

01 MAY 24 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1431 SW 9TH AVE.
DEERFIELD BEACH FL 33441

Mailing Address

% COLE
3105 W. SCENIC DR.
DANIELSVILLE PA 18038

2. Principal Place of Business

1450 SW. 11th Way
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Deerfield Beach FL

City & State

4. FEI Number

65-0498831

Applied For

Not Applicable

Zip

Country

33441

USA

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

MJM

6. Name and Address of Current Registered Agent

COLE, STEPHANIE
701 E. CAMINO REAL
#7A
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name

Brady i Brady PA

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

370 N. Camino Gardens Blvd

Suite 200 C

City

Boca Raton

FL

Zip Code

33432

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

Frank R. Brady

Typed or printed name of registered agent or officer, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$2,204,550.00

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

DOCUMENT # P98000053406
NAME LINDER-COLE DEVELOPMENT, INC.
STREET ADDRESS 701 EAST CAMINO REAL
CITY-ST-ZIP BOCA RATON FL 33432

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS LINDNER-COLE DEV. INC.
3105 W. Scenic Drive
CITY-ST-ZIP Danielsville, PA 18038

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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:

Stephanie M. Cole
Stephanie M. Cole
General Partner

4/26/01

610 837 6280

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)