

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000001279**

1. Entity Name

**SAWGRASS ELECTRONICS GROUP, LTD., L.P.**

**FILED**

**01 FEB 15 AM 11:06**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**C/O SAWGRASS MANAGEMENT CORP.  
3900 CORAL RIDGE DRIVE  
CORAL SPRINGS FL 33065**

Mailing Address

**C/O ZIELINSKI  
5100 WEST COPANS RD., #710  
COCONUT CREEK FL 33063**

2. Principal Place of Business

3. Mailing Address

**4021 ELINSKI  
5100 W. COPANS RD #710**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MARGATE**

4. FEI Number

**65-0520856**

Applied For

Not Applicable

Zip

Country

Zip

**33063**

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAWGRASS MANAGEMENT CORP.  
C/O ZIELINSKI  
5100 W. COPANS RD., #710  
COCONUT CREEK FL 33063**

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

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.

**\$1,924,050.00**

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 # **P94000060577**  
NAME **SAWGRASS MANAGEMENT CORP., C/O ZIELINSKI**  
STREET ADDRESS **5100 WEST COPANS RD., #710**  
CITY-ST-ZIP **COCONUT CREEK FL 33063**

STREET ADDRESS

CITY-ST-ZIP

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**200002745852-6**  
**-02/21/01--01098--013**  
**\*\*\*\*\*526.25 \*\*\*\*\*526.25**

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

Date

Daytime Phone #

**02/08/01 603-699-0169**

0003228

AF

CR2E003 (11/00)