

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000000105

1. Entity Name

PEMBROKE SPRINGS, LTD.

FILED

Jun 15 2000 8:00 am

Secretary of State

Principal Place of Business

20000 PINES BLVD.
PEMBROKE PINES FL 33029

Mailing Address

20000 PINES BLVD.
PEMBROKE PINES FL 33073-3149

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0739787

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

SCHACK, DAVID

215 18TH STREET

MIAMI FL 33160

7954 Pines Blvd
Pembroke Pines, FL 33024

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.

\$2,800,000.00

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 # P94000046501
NAME HOME DYNAMICS CORPORATION
STREET ADDRESS 1750 S.W. 4 AVENUE
CITY - ST - ZIP BOCA RATON FL 33433

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT # P95000003800
NAME FIC PEMBROKE CORP.
STREET ADDRESS 405 NORTH WABASH, RIVER PLAZA 2E
CITY - ST - ZIP CHICAGO IL 60611

STREET ADDRESS

CITY - ST - ZIP

900003300229--7
06/22/00--01005--013
***526.25 ***526.25

DOCUMENT #
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STREET ADDRESS
CITY - ST - ZIP

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #