

-2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000000448

1. Entity Name

FOUR PARTNERS GROUP LIMITED PARTNERSHIP

FILED

00 FEB -7 PM 4: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

% A.C.S. HAGEN, INC.
1201 GEORGE BUSH BOULEVARD
DELRAY BEACH FL 33483

Mailing Address

% A.C.S. HAGEN, INC.
1201 GEORGE BUSH BOULEVARD
DELRAY BEACH FL 33483-7284

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3375209

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

A.C.S. HAGEN, INC.
% CHOPIN ARMSTRONG & BALLERANO
1201 GEORGE BUSH BOULEVARD
DELRAY BEACH FL 33483

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

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. \$1,156,319.00

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 # P95000006910
NAME A.C.S. HAGEN, INC.
STREET ADDRESS 1201 GEORGE BUSH BOULEVARD
CITY - ST - ZIP DELRAY BEACH FL 33483

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13. ADDRESS CHANGES ONLY

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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: A. Consuelo S. HAGEN 1/26/2000 561-278-5389
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #