

# 2001 UNIFORM BUSINESS REPORT (UBR)

0015848 AF

DOCUMENT # **A95000000698**

1. Entity Name

**PRESERVE AT BOCA RATON LIMITED PARTNERSHIP**

**FILED**

**01 APR 25 PM 1:48**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**3103 PHILMONT AVE.  
HUNTINGDON VALLEY PA 19006**

Mailing Address

**3103 PHILMONT AVE.  
HUNTINGDON VALLEY PA 19006**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**23-2810339**

Applied For

Not Applicable

Zip

Country

Zip

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

**SCHMIDT, WILLIAM N  
190 OLD COUNTRY ROAD  
WEST PALM BEACH FL 33414**

Name **CT Corporation System**

Street Address (P.O. Box Number is Not Acceptable)  
**1200 South Pine Island Road**

City **Plantation**

**FL**

Zip Code **33324**

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

*Connie Bryan*

**CONNIE BRYAN  
SPECIAL ASSISTANT SECRETARY**

**4/25/01**

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.

**\$9,500.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**\$9,500.00**

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 # **P94000082800**  
NAME **TOLL FL GP CORP.**  
STREET ADDRESS **3103 PHILMONT AVE.**  
CITY-ST-ZIP **HUNTINGDON VALLEY PA 19006**

STREET ADDRESS

**800004133898--5  
05/07/01--01130--021**

CITY-ST-ZIP

**\*\*\*\*155.25 \*\*\*\*155.25**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*AR 66.50*

STREET ADDRESS

CITY-ST-ZIP

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*AR SUP 88.75*

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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

**Kenneth J. Gary, VP of**

**Toll FL GP Corp., General Partner**

**4/19/01 (215) 938-8000**

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)