

2001 UNIFORM BUSINESS REPORT (UBR)

0007694 AF

DOCUMENT # **A95000000731**

1. Entity Name

EPNG LAND, LTD.

FILED

01 MAR 26 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FL 32301



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**2295 CORPORATE BLVD., SUITE 222
BOCA RATON FL 33431-0810**

Mailing Address
**P.O. BOX 5010
BOCA RATON FL 33431-0810**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
**2295 Corporate Blvd, NW
Ste 222
Boca Raton FL
33431**
City & State
Country
USA

4. FEI Number **65-0478576**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**THE HERRICK COMPANY, INC.
2295 CORPORATE BLVD., SUITE 222
BOCA RATON FL 33431-0810**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$100.00**

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 # **P95000036466**
NAME **G-P RB LAND, INC.**
STREET ADDRESS **2295 CORPORATE BLVD., SUITE 222**
CITY-ST-ZIP **BOCA RATON FL 33431-0810**

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP **500003953205-1
-04/03/01 --01058--001
***6750.00 ***150.00**

STREET ADDRESS
CITY-ST-ZIP **\$150.00**

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: **SIGNATURE REQUIRED VP of GP 3-22-01 561-241-9880**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)