

# 2002 UNIFORM BUSINESS REPORT (UBR)

0003649 AV

**DOCUMENT #** A95000001107

**1. Entity Name**  
BENDER OIL, LTD.

FILED  
02 JAN 18 AM 12:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**Principal Place of Business**  
301 WEST CAMINO GARDENS BLVD., STE. 101  
BOCA RATON FL 33432

**Mailing Address**  
301 WEST CAMINO GARDENS BLVD., STE. 101  
BOCA RATON FL 33432

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY MAY 1, 2002**

**4. FEI Number** 65-0594282

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**

**MACHEN, JIM D**  
301 WEST CAMINO GARDENS BLVD., STE. 101  
BOCA RATON FL 33432

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. **DATE** \_\_\_\_\_

**9. Capital Contributions as Shown on record.** \$986,000.00

**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 #**  
**NAME** DIXON BENDER, FAYE  
**STREET ADDRESS** 301 W. CAMINO GARDENS BLVD., #301  
**CITY-ST-ZIP** BOCA RATON FL 33432

**STREET ADDRESS**

**CITY-ST-ZIP**

4000004794354--9  
-01/24/02--01056--014  
\*\*\*\*526.25 \*\*\*\*526.25

**DOCUMENT #**  
**NAME** BENDER, STEPHEN P  
**STREET ADDRESS** 301 W. CAMINO GARDENS BLVD., #301  
**CITY-ST-ZIP** BOCA RATON FL 33432

**STREET ADDRESS**

**CITY-ST-ZIP**

**DOCUMENT #**  
**NAME** MACHEN, JIM D  
**STREET ADDRESS** 301 W. CAMINO GARDENS BLVD., #301  
**CITY-ST-ZIP** BOCA RATON FL 33432

**STREET ADDRESS**

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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**

**SIGNATURE:** *Jim D. Machen* **SIGNATURE REQUIRED** **1-16-02** **561-391-2442**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **JIM D. MACHEN** Date Daytime Phone #

CR2E003 (9/01)