

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000001397**

1. Entity Name

BOCA MARINA, LTD.

Principal Place of Business

**350 WEST CAMINO GARDENS BLVD., SUITE 303
BOCA RATON FL 33432**

Mailing Address

**350 WEST CAMINO GARDENS BLVD., SUITE 303
BOCA RATON FL 33432-5825**



2. Principal Place of Business

321 E Hillsboro Blvd

3. Mailing Address

321 E Hillsboro Blvd

Suite, Apt. #, etc.

Deerfield Beach, FL

Suite, Apt. #, etc.

Deerfield Beach, FL

City & State

City & State

4. FEI Number

65-0669568

Applied For

Not Applicable

Zip

33441

Country

Zip

33441

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BOCA DEVELOPERS, INC.
350 WEST CAMINO GARDENS BLVD.
SUITE 303
BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

321 E Hillsboro Blvd.

City

Deerfield Beach

FL

Zip Code

33441

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.

\$16,000,000.00

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

DOCUMENT # **P95000068742**
NAME **BOCA DEVELOPERS, INC.**
STREET ADDRESS **350 WEST CAMINO GARDENS BLVD., SUITE 303**
CITY - ST - ZIP **BOCA RATON FL 33432**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

321 E Hillsboro Blvd

CITY - ST - ZIP

Deerfield Beach FL 33441

DOCUMENT #
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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: [Signature] JEFFREY J. SCHUCKER 4/2/00 954/418-0202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED
00 MAY -1 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA