

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000001610**

1. Entity Name

PBM ASSOCIATES LTD.

FILED

Mar 03 2000 8:00 am

Secretary of State

Principal Place of Business  
337 EAST INDIANTOWN ROAD, SUITE 8  
JUPITER FL 33477

Mailing Address  
337 EAST INDIANTOWN ROAD, SUITE 8  
JUPITER FL 33477-5073



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0615072**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARMOUR, ALAN J ESQ  
% NASON YEAGER GERSON WHITE & LIOCE, P.A.  
1645 PALM BEACH LAKE BLVD., SUITE 1200  
WEST PALM BEACH FL 33401

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. **\$1,610,000.00**

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 # **P98000011546**  
NAME **PB GP, INC.**  
STREET ADDRESS **337 EAST INDIANTOWN ROAD, SUITE B**  
CITY - ST - ZIP **JUPITER FL 33477**

STREET ADDRESS

CITY - ST - ZIP

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*inf 3/15/00*

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**03/16/00 01000 007**  
**\*\*\*\*\*535.00 \*\*\*\*\*535.00**

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

*2/28/00*

Daytime Phone #

*561 743 8900*

CR2E003 (9/99)