

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000001933

1. Entity Name

BOCA GOLF VIEW, 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.

Suite, Apt. #, etc.

City & State

Deerfield Beach, FL

City & State

Deerfield Beach FL

Zip

33441

Country

Zip

33441

Country

4. FEI Number

65-0626574

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOCA GOLF VIEW 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 Florida

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.

\$8,500,000.00

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 # P95000093959
NAME BOCA GOLF VIEW DEVELOPERS, INC.
STREET ADDRESS 350 WEST CAMINO GARDENS BLVD., SUITE 303
CITY - ST - ZIP BOCA RATON FL 33432

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CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

321 E. Hillsboro Blvd.

CITY - ST - ZIP

Deerfield Beach FL 33441

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:

Jeffrey Schorer

4/25/00

954/418-0208

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 28 AM 3:05



DO NOT WRITE IN THIS SPACE