

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000002061

1. Entity Name

BRIAN'S PLACE DEVELOPMENT, LTD.

Principal Place of Business

Mailing Address

2. Principal Place of Business

6650 W. Indiantown Road

3. Mailing Address

same

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

City & State

Jupiter, Florida

City & State

Zip

33458

Country

USA

Zip

Country

FILED

01 FEB -9 AM 10:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0647287

Applied For

Not Applicable

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

Name

Scott Kramer, Esquire

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

6650 W. Indiantown Road

Suite 200

City

Jupiter

FL

Zip Code  
33458

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

Scott Kramer, Esquire

2/7/01

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: 495,000

10. Amount of Capital Contributions

in FLORIDA to date: 3,000

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 # A95000002061  
NAME 6650 General, Inc.  
STREET ADDRESS 6650 W. Indiantown Road, Suite 200  
CITY-ST-ZIP Jupiter, FL 33458

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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CITY-ST-ZIP

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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:

Meryl E. Kramer, President

2/7/01

(561)748-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)