

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000000444**

1. Entity Name

CAMARGO LIMITED PARTNERSHIP

Principal Place of Business

**340 ROYAL POINCIANA PLAZA, SUITE 316
PALM BEACH FL 33480**

Mailing Address

**340 ROYAL POINCIANA PLAZA, SUITE 316
PALM BEACH FL 33480**

2. Principal Place of Business

One North Clematis Street

3. Mailing Address

One North Clematis Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Second Floor

Second Floor

City & State

City & State

West Palm Beach, FL

West Palm Beach, FL

Zip

Country

Zip

Country

33401

USA

33401

USA

6. Name and Address of Current Registered Agent

KLOCK, JOSEPH P JR.

200 SOUTH BISCAYNE BLVD., SUITE 4000

MIAMI FL 33131-2398

4. FEI Number

65-0804901

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of New Registered Agent

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$2,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$2,000

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

DOCUMENT # **P96000020606**
NAME **CAMARGO MANAGEMENT COMPANY**
STREET ADDRESS **340 ROYAL POINCIANA PLAZA, SUITE 316**
CITY-ST-ZIP **PALM BEACH FL 33480**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **One North Clematis Street, Second Floor**
CITY-ST-ZIP **West Palm Beach, FL 33401**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE REQUIRED
Joseph P. Klock, Jr., Secretary Camargo Management Company

04.25.01

35.577-2877

Daytime Phone #

CR2E003 (11/00)

USE 33 AF

FILED

01 APR 27 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE