

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001127

1. Entity Name

HOBE SOUND LAND COMPANY, LTD.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -1 PM 12:30

Principal Place of Business

11844 S.E. DIXIE HIGHWAY
HOBE SOUND FL 33455

Mailing Address

P.O. BOX 145
HOBE SOUND FL 33475-0145

2. Principal Place of Business

3. Mailing Address

11844 SE DIXIE HIGHWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE C

SUITE C

City & State

City & State

HOBE SOUND FL

4. FEI Number

65-0682034

Applied For

Not Applicable

Zip

Country

Zip

Country

33455

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

HOBE SOUND LAND COMPANY, INC.

11844 S.E. DIXIE HIGHWAY

HOBE SOUND FL 33455

Name

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

SUITE C

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.

\$5,350,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

5,350,000.00

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 # P96000051051
NAME HOBE SOUND LAND COMPANY, INC.
STREET ADDRESS 11844 S.E. DIXIE HIGHWAY
CITY - ST - ZIP HOBE SOUND FL 33455

STREET ADDRESS

CITY - ST - ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FEB 15, 2000 561-546-2440

CR2E003 (9/99)