

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000001503**

1. Entity Name

**QUESTCO PARTNERS, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUN 19 PM 1:29

Principal Place of Business

% PROGRAM UNDERWRITERS, INC.  
3700 COCONUT CREEK PARKWAY  
COCONUT CREEK FL 33066-1616

Mailing Address

% PROGRAM UNDERWRITERS, INC.  
3700 COCONUT CREEK PARKWAY  
COCONUT CREEK FL 33066-1616



2. Principal Place of Business

**381 W. PROSPECT ROAD**  
Suite, Apt. #, etc.

3. Mailing Address

**8424 SHADOW CACT**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**OAKLAND PARK, FL.**

City & State

**CORAL SPRINGS, FL.**

4. FEI Number

**65-0690138**

Applied For

Not Applicable

Zip  
**33334**

Country

**U.S.A.**

Zip

**33071**

Country

**U.S.A.**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BUTO, LAWRENCE J II**  
**381 W. PROSPECT ROAD**  
**OAKLAND PARK FL 33334**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

**\$6,550.00**

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 # **P96000039224**  
NAME **QUESTCO LOUNGE, INC.**  
STREET ADDRESS **381 W. PROSPECT ROAD**  
CITY - ST - ZIP **OAKLAND PARK FL 33334**

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS

CITY - ST - ZIP

**100003317371--6**  
**-07/10/00--01023--006**  
**\*\*\*\*141.25 \*\*\*\*141.25**

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

**4/28/00**

Date

**(954) 345-7550**

Daytime Phone #

CR2E003 (9/99)