

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000401**

1. Entity Name

T.T. UPLAND ASSOCIATES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 29 PM 2:27

Principal Place of Business

**ONE PARK PLACE
621 N.W. 53RD STREET, SUITE 450
BOCA RATON FL 33487**

Mailing Address

**ONE PARK PLACE
621 N.W. 53RD STREET, SUITE 450
BOCA RATON FL 33487-8283**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0729297**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

MJH

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**YOUNG, IRA L
ONE PARK PLACE
621 N.W. 53RD STREET, SUITE 450
BOCA RATON FL 33487**

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.

Ira L. Young, Registered Agent **Sept. 27, 2000**

(NOTE: Registered Agent signature required when reinstalling)

DATE

9. Capital Contributions
as Shown on record.

\$1,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**YOUNG, IRA L
621 N.W. 53RD PLACE, SUITE 450
BOCA RATON FL 33487**

STREET ADDRESS

CITY - ST - ZIP

700003415857-9
-10/05/00-01118-015
******541.25 ****541.25**

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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

9-27-00 561-237-2246

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER