

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000001039**

1. Entity Name

OCSAB LIMITED PARTNERSHIP

Principal Place of Business

**18 LAWRENCE LAKE DRIVE
BOYNTON BEACH FL 33436**

Mailing Address

**C/O WILLIAM P. KOWALCHUK
18 LAWRENCE LAKE DRIVE
BOYNTON BEACH FL 33436**

FILED
01 MAY -7 AM 11:49
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



2. Principal Place of Business
3525 S. OCEAN BLVD

3. Mailing Address
3525 S. OCEAN BLVD

Suite, Apt. #, etc.
309

Suite, Apt. #, etc.
309

City & State
S. PALM BEACH, FL

City & State
S. PALM BEACH, FL

4. FEI Number
59-3482214

Applied For
☐ Not Applicable

Zip
33480

Country

Zip
33480

Country

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

**KOWALCHUK, WILLIAM P
18 LAWRENCE LAKE DRIVE
BOYNTON BEACH FL 33436**

Name **KOWALCHUK, WILLIAM P**
Street Address (P.O. Box Number is Not Acceptable)
3525 S. OCEAN BLVD # 309
City **S. PALM BEACH** **FL** Zip Code **33480**

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. **\$2,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **1,000**

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 #
NAME **KOWALCHUK, WILLIAM P**
STREET ADDRESS **18 LAWRENCE LAKE DRIVE**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

STREET ADDRESS **3525 S. OCEAN BLVD # 309**
CITY-ST-ZIP **S. PALM BEACH, FL 33480**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP **200004376432-1
-06/07/01--01123-010
****141.25 ****141.25**

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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: *William Kowalchuk* **GEN. PARTNER** **5/1/01** **561-734-4820**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #