

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000001371**

1. Entity Name

PREPPIES IV, LTD.

FILED

02 MAR -6 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**6491 S.E. PARKWOOD DRIVE
STUART FL 34997**

Mailing Address
**C/O PASSARIELLO & STAIANO
6466 N.W. 5TH WAY
FT. LAUDERDALE FL 33309**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

65-0799844

Applied For

Not Applicable

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

**LEVIN, EILEEN
518 NORTH RIVERPOINT DRIVE
STUART FL 34994**

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.

error

3/2/02

DATE

9. Capital Contributions as Shown on record.

\$280,608.00

10. Amount of Capital Contributions in FLORIDA to date.

244,608.00

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 # **K38729**
NAME **BJO, INC.**
STREET ADDRESS **3305 S.W. RIVERS END WAY**
CITY-ST-ZIP **PALM CITY FL 34990**

20 Castle Hill Way

STREET ADDRESS

CITY-ST-ZIP

*20 Castle Hill Way Sewall's Point
Stuart, Florida 34996*

DOCUMENT # **K38747**
NAME **EGT, INC.**
STREET ADDRESS **518 N. RIVERPOINT DRIVE**
CITY-ST-ZIP **STUART FL 34994**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

*Pres. EGT on
Gen. Ptn.*

3/2/02

772-283-4433

CR2E003 (9/01)

0002665 AV

STAPLE CHECK HERE