

2001 UNIFORM BUSINESS REPORT (UBR)

0007277 AF

DOCUMENT # **A97000001374**

1. Entity Name

KORN ASSOCIATES, LTD.

Principal Place of Business

Mailing Address

~~13706 LE HAVRE DRIVE~~
PALM BEACH GARDENS FL 33418

~~13706 LE HAVRE DRIVE~~
PALM BEACH GARDENS FL 33418

2. Principal Place of Business

3. Mailing Address

13771 Le Bateau Lane

13771 Le Bateau Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, FL

City & State

Palm Beach Gardens, FL

Zip

33418

Country

Zip

33418

Country

4. FEI Number

65-0765191

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

FILED

01 APR 12 PM 12:38

SECRETARY OF STATE

TALLAHASSEE, FLORIDA



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KORN, LEE

2295 SOUTH OCEAN BLVD., APT. 510

PALM BEACH FL 33480

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.

\$4,000,000.00

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 **KORN, LEE**
STREET ADDRESS **2295 SOUTH OCEAN BLVD., APT. 510**
CITY-ST-ZIP **PALM BEACH FL 33480**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME **KORN, ROBERT**
STREET ADDRESS ~~13706 LE HAVRE DRIVE~~ **13771 Le Bateau Lane**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME **KORN, SHELDON**
STREET ADDRESS **35 SUTTON PLACE**
CITY-ST-ZIP **NEW YORK NY 10022**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)