

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0021208 FP

DOCUMENT # A97000001374

1. Entity Name  
KORN ASSOCIATES, LTD.



FILED

03 APR 30 AM 11:01

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
13771 LEBATEAU LANE  
PALM BEACH GARDENS FL 33418

Mailing Address  
13771 LEBATEAU LANE  
PALM BEACH GARDENS FL 33418

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0765191

Applied For

Not Applicable

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

DUE BY MAY 1, 2003

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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 FL. 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

04/30/03--01088--007 \*\*526.25

DOCUMENT #  
NAME KORN, ROBERT  
STREET ADDRESS 13771 LEBATEAU LANE  
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

STREET ADDRESS

CITY-ST-ZIP

000017593310  
04/30/03--01088--007 \*\*526.25

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

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 TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)