

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001415

1. Entity Name

DELRAY HISTORIC, LTD.

FILED

00 APR -6 AM 11:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1801 S. FEDERAL HIGHWAY  
DELRAY BEACH FL 33483

Mailing Address

1801 S. FEDERAL HIGHWAY  
DELRAY BEACH FL 33483-3321

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0762624

Applied For

Not Applicable

Zip

Country

Zip

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

MULLER, CHARLES E II

9350 S. DIXIE HIGHWAY, SUITE 1550  
MIAMI FL 33156

Name

Richard Weber

Street Address (P.O. Box Number is Not Acceptable)

6111 Broken Sound Parkway, NW

City

Box Lake

FL

Zip Code  
33487

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.

\$742,500.00

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 # P97000055264  
NAME DELRAY HISTORIC, INC.  
STREET ADDRESS 1801 S. FEDERAL HIGHWAY  
CITY - ST - ZIP DELRAY BEACH FL 33483

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
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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 OF REQUIRED SIGNING GENERAL PARTNER

Date

Daytime Phone #