

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001513

1. Entity Name

THE FOUNTAINS AT DELRAY BEACH, LTD.

FILED

00 JAN 28 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1900 W COMMERCIAL BLVD. SUITE 200
FORT LAUDERDALE FL 33309-3018

Mailing Address

1900 W COMMERCIAL BLVD. SUITE 200
FORT LAUDERDALE FL 33309-3018

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0774509

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

BOYLE, CONRAD J

500 EAST BROWARD BLVD., SUITE 1950
FT. LAUDERDALE FL 33394

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.

\$7,500.00

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 # P96000082044
NAME MILITARY TRAIL APARTMENTS, INC.
STREET ADDRESS 1500 N.W. 49TH STREET, SUITE 500
CITY - ST - ZIP FORT LAUDERDALE FL 33309

STREET ADDRESS

CITY - ST - ZIP

000003119020--0

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DOCUMENT # P97000086181
NAME KEISER FOUNTAINS, INC.
STREET ADDRESS 1500 N.W. 49TH STREET, SUITE 100
CITY - ST - ZIP FORT LAUDERDALE FL 33309

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
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STREET ADDRESS
CITY - ST - ZIP

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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:

THE FOUNTAINS @ DELRAY BEACH LTD.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

01/26/00

Date

Daytime Phone #