

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000001586**

1. Entity Name

NORT LP II, LTD.

FILED

01 MAR 26 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2295 CORPORATE BLVD., N.W. SUITE 222
P.O. BOX 5010
BOCA RATON FL 33431-0810

Mailing Address
2295 CORPORATE BLVD., N.W. SUITE 222
P.O. BOX 5010
BOCA RATON FL 33431-0810

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
2295 Corporate Blvd. NW
Suite, Apt. #, etc.
Suite 222
City & State
Boca Raton, FL
Zip
33431
Country
USA

4. FEI Number
65-0777612

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

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

HERRICK, NORTON
THE HERRICK COMPANY, INC.
2295 CORPORATE BLVD., N.W., SUITE 222
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

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. **\$100.00**

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

DOCUMENT # **P97000061703**
NAME **G-P NORT II, INC.**
STREET ADDRESS **2295 CORPORATE BLVD., N.W. SUITE 222**
CITY-ST-ZIP **BOCA RATON FL 33431**

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP
700003953087--1
-04/03/01--01058--001
*****6750.00 *****150.00**

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

VP of GP

3-22-01 561-241-9880

Date

Daytime Phone #

CR2E003 (11/00)