

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002190**

1. Entity Name

**DELRAY LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR -6 PM 6:26

Principal Place of Business

3103 PHILMONT AVENUE  
HUNTINGDON VALLEY PA 19006

Mailing Address

3103 PHILMONT AVENUE  
HUNTINGDON VALLEY PA 19006-4225

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-2929049

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

SCHMIDT, WILLIAM N  
190 OLD COUNTRY ROAD  
WEST PALM BEACH FL 33414

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.

**\$9,500.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**\$9,500.00**

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 # **P94000082800**  
NAME **TOLL FL GP CORP.**  
STREET ADDRESS **3103 PHILMONT AVE**  
CITY - ST - ZIP **HUNTINGDON VALLEY PA 19006**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

ARF 66.50  
AR SUPP 88.75  
155.25

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

100003178771-- 5

CITY - ST - ZIP

-03/22/00--01005--007

\*\*\*\*155.25 \*\*\*\*155.25

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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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

TOLL FL GP CORP.

Kenneth J. Gary,  
Vice President

SIGNATURE:

**SIGNATURE REQUIRED**

3/01/00

(215) 938-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)