

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002477**

1. Entity Name

OCEAN HARBOUR ESTATES AT OCEAN RIDGE, LTD.

FILED

02 JUN 17 PM 4:42

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH



Principal Place of Business

551 N.W. 77TH STREET, STE. #108
BOCA RATON FL 33487

Mailing Address

551 N.W. 77TH STREET, STE. #108
BOCA RATON FL 33487

2. Principal Place of Business

1200 S. ROGERS CIRCLE, #11

3. Mailing Address

1200 S. ROGERS CIRCLE, #11

Suite, Apt. #, etc.

SUITE #11

Suite, Apt. #, etc.

SUITE #11

City & State

BOCA RATON FL

City & State

BOCA RATON, FL

Zip

33487

Country

USA

Zip

33487

Country

USA

DUE BY MAY 1, 2002

4. FEI Number

65-0795841

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POPKIN, EDWARD D

2499 GLADES ROAD, SUITE 114

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.

DATE

9. Capital Contributions
as Shown on record.

\$1,332,000.00

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 # P97000065317
NAME OCEAN HARBOUR ESTATES AT OCEAN RIDGE, INC.
STREET ADDRESS 551 N.W. 77TH STREET, STE. #108
CITY-ST-ZIP BOCA RATON FL 33487

13. ADDRESS CHANGES ONLY

STREET ADDRESS

1200 S. ROGERS CIRCLE #11

CITY-ST-ZIP

BOCA RATON, FL 33487

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

6/13/02

561-994-1375

Date

Daytime Phone #

CR2E003 (9/01)