

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

001811 AT

DOCUMENT # **A97000002626**

1. Entity Name  
**THE BEAR'S CLUB FOUNDING PARTNERS, LTD.**



**FILED**  
**2003 JUN 20 PM 4:03**  
**DIVISION OF CORPORATIONS**  
**TALLAHASSEE, FLORIDA**

Principal Place of Business  
**11780 U.S. HIGHWAY ONE, SUITE 400**  
**NORTH PALM BEACH FL 33408**

Mailing Address  
**11780 U.S. HIGHWAY ONE, SUITE 400**  
**NORTH PALM BEACH FL 33408**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY MAY 1, 2003**

4. FEI Number **65-0810035**

Applied For

Not Applicable

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

**FHS CORPORATE SERVICES, INC.**

**11780 U.S. HIGHWAY ONE, SUITE 300**

**NORTH PALM BEACH FL 33408**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

**\$35,000,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. 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 # **P97000085463**  
NAME **BEAR'S CLUB MANAGEMENT CORP.**  
STREET ADDRESS **11780 U.S. HIGHWAY ONE, SUITE 400**  
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**700018470147**  
**05/09/03 01002 013 \*\*437.50**

DOCUMENT #  
NAME  
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CITY-ST-ZIP

**700018470147**  
**06/20/03--01033--002 \*\*88.75**

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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

**4/11/03**  
Date

**561-630-4118**  
Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE