

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002661**

1. Entity Name

PORT CHARLOTTE ONE STOP PARTNERSHIP, LTD.

Principal Place of Business

**1201 NORTH TARRAGONA STREET
PENSACOLA FL 32501**

Mailing Address

**C/O HAL REIFF
30 BROAD STREET, 31ST FLOOR
NEW YORK NY 10004**

2. Principal Place of Business

21 E. GARDEN ST

3. Mailing Address

Suite, Apt. #, etc.

City & State

PENSACOLA FL

City & State

Zip

32501

Country

Zip

Country

4. FEI Number

59-3485821

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BREGMAN, HOWARD

C/O GREENBERG/TRAURIG, P.A.

777 SOUTH FLAGLER DRIVE, SUITE 300 EAST

WEST PALM BEACH FL 33401

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: **680,746 \$48.00**

10. Amount of Capital Contributions

in FLORIDA to date: **680,746.00**

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 # **F00000000420**
NAME **19500 TOLEDO BLADE BOUVELARD GP INC**
STREET ADDRESS **30 BROAD STREET, 31ST FL**
CITY-ST-ZIP **NEW YORK NY**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED

01 MAY 29 PM 2:08

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

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