

# 2000 UNIFORM BUSINESS REPORT (UBR)

0007194

DOCUMENT # **A97000002704**

1. Entity Name  
**MYSTIC COVE ASSOCIATES, LTD.**

Principal Place of Business  
**1280 N. CONGRESS AVENUE, STE. 215  
WEST PALM BEACH FL 33409**

Mailing Address  
**1280 N. CONGRESS AVENUE, STE. 215  
WEST PALM BEACH FL 33409-6377**

**RECEIVED**  
**FILED**  
**MAY 11 2000**  
**00 JUL -5 PM 8:41**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

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

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **65-0809086**  
Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**SCHILLING, CHRISTOPHER J ESQ.  
MENDOZA, CALLAS & SCHILLING  
251 ROYAL PALM WAY, STE. 602  
PALM BEACH FL 33480**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$54,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **756,212.00**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000077354	STREET ADDRESS	
NAME	MYSTIC COVE DEVELOPMENT CORPORATION	CITY - ST - ZIP	
STREET ADDRESS	1280 N. CONGRESS AVENUE, STE. 215		
CITY - ST - ZIP	WEST PALM BEACH FL 33409		
DOCUMENT #		STREET ADDRESS	500003315475-3
NAME		CITY - ST - ZIP	-07/06/00--01103--007
STREET ADDRESS			*****526.25 *****526.25
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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: Robert M. Blentz**  
As Pres.

Date **1-14-00** Daytime Phone # **561-478-8501**