2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 08:00 AM
Secretary of State

DOCUMENT # A98000000200

1. Entity Name
NATCHEZ RESORT 1997, LTD.

Principal Place of Business	Mailing Address
1600 SOUTH OCEAN BOULEVARD	1600 SOUTH OCEAN BOULEVARD
POMPANO BEACH FL	POMPANO BEACH FL
33062	33062

2. Principal Place of Business	3. Mailing Address
ONE SOUTH OCEAN BLVD	ONE S OCEAN BLVD
Suite, Apt. #, etc.: STE 204	Suite, Apt. #, etc.: STE 204
City & State: BOCA RATON FL	City & State: BOCA RATON FL
Zip: 33432 Country:	Zip: 33432 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0806200 ☐ 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
EISINGER DENNIS JESQ.	Name
4000 HOLLYWOOD BLVD., SUITE 265-S	Street Address (P.O. Box Number is Not Acceptable)
HOLLYWOOD FL	
33021 US	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 ______________________________ 04/24/2001
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.	10. Amount of Capital Contributions in FLORIDA to date.	11.
240,000.00	240,000.00	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 #		STREET ADDRESS	
NAME	NATCHEZ RESORT 1997, INC.		
STREET ADDRESS	1600 SOUTH OCEAN BOULEVARD	CITY-ST-ZIP	
CITY-ST-ZIP	POMPANO BEACH FL 33062		
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

CR2E003 (11/00)

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: JF Roy Pres 04/24/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #