

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 25, 2001 08:00 AM

Secretary of State

DOCUMENT # A98000000208

1. Entity Name
GAINES FAMILY, LTD.

Principal Place of Business
2101 N.W. 33RD STREET, SUITE 200
POMPANO BEACH FL 33069

Mailing Address
2101 N.W. 33RD STREET, SUITE 200
POMPANO BEACH FL 33069

2. Principal Place of Business
2101 NW 33RD ST
Suite, Apt. #, etc.
200

3. Mailing Address
2101 NW 33RD ST
Suite, Apt. #, etc.
200

City & State
POMPANO BEACH FL

City & State
POMPANO BEACH FL

4. FEI Number
65-0809806

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
BELSON STEVEN AESQ
NATIONSBANK BUILDING, SUITE 306
2000 GLADES ROAD
BOCA RATON FL 33431 US

7. Name and Address of New Registered Agent
Name
BELSON STEVEN AESQ
Street Address (P.O. Box Number is Not Acceptable)
2000 GLADES RD
306
City
BOCA RATON FL Zip Code
33431

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 _____ DATE 04/25/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. 990.00

10. Amount of Capital Contributions in FLORIDA to date. 990.00

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 #		STREET ADDRESS	2101 NW 33RD ST SUITE 200
NAME	DREWROB, INC.	CITY-ST-ZIP	POMPANO BEACH FL 33069
STREET ADDRESS	2101 N.W. 33RD STREET, SUITE 200		
CITY-ST-ZIP	POMPANO BEACH FL 33069		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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: ANDREW GAINES PRES 04/25/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)