

2000 UNIFORM BUSINESS REPORT (UBR)

0000011 AF

DOCUMENT # **A98000000244**

1. Entity Name

DELRAY OCEAN PARTNERS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR -3 PM 6:41

Principal Place of Business

**1801 SOUTH FEDERAL HIGHWAY
DELRAY BEACH FL 33483**

Mailing Address

**1801 SOUTH FEDERAL HIGHWAY
DELRAY BEACH FL 33483-3321**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0808907

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MULLER, CHARLES E II
9350 S. DIXIE HIGHWAY, SUITE 1550
MIAMI FL 33156**

Name

Richard Werber

Street Address (P.O. Box Number is Not Acceptable)

6111 Broken Sound Parkway, NW

City

Boca Raton

FL

Zip Code

33487

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

(NOTE: Registered Agent signature required when reinstating)

DATE

11/25/00

9. Capital Contributions
as Shown on record.

\$1,485,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 # **P97000055264**
NAME **DELRAY HISTORIC, INC.**
STREET ADDRESS **1801 SOUTH FEDERAL HIGHWAY**
CITY - ST - ZIP **DELRAY BEACH FL 33483**

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13.

ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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CITY - ST - ZIP

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-04/14/00-01077-014
*******526.25 *****526.25**

BK 4/10

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

11/25/00

CR2E003 (9/99)