

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000778**

1. Entity Name

MATECUMBE DAVIE BLVD. PARTNERS, LTD.

FILED

00 JAN 13 PM 2:51

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**1512 EAST BROWARD BLVD., SUITE 300
FORT LAUDERDALE FL 33301**

Mailing Address

**1512 EAST BROWARD BLVD., SUITE 300
FORT LAUDERDALE FL 33301-2147**

2. Principal Place of Business

150 SE 12 Street

Suite, Apt. #, etc.

Suite 300

City & State

Ft. Lauderdale, FL

Zip

33316

Country

USA

3. Mailing Address

150 SE 12 Street

Suite, Apt. #, etc.

Suite 300

City & State

Ft. Lauderdale, FL

Zip

33316

Country

USA

4. FEI Number

65-0825103

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

WATSON, WELCOM H ESQ.

1512 EAST BROWARD BLVD., SUITE 300

FORT LAUDERDALE FL 33301

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.

\$5,000.00

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 # **P98000027845**
NAME **MATECUMBE DAVIE BLVD. PARTNERS, INC.**
STREET ADDRESS **1512 EAST BROWARD BLVD., SUITE 300**
CITY - ST - ZIP **FORT LAUDERDALE FL 33301**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

150 SE 12 Street, Suite 300

CITY - ST - ZIP

Ft. Lauderdale, FL 33316

STREET ADDRESS

CITY - ST - ZIP

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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:

S. JANTOLLA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

1/10/00 354-T79370!

Daytime Phone #

CR2E003 (9/99)