

2000 UNIFORM BUSINESS REPORT (UBR)

0008379

DOCUMENT # A98000000834

1. Entity Name

BRITTANY BAY AT ANDROS ISLE, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 APR 10 PM 5:46

Principal Place of Business

6351 SAN MICHEL WAY
DELRAY BEACH FL 33484

Mailing Address

6351 SAN MICHEL WAY
DELRAY BEACH FL 33484-6971



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0828299

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

HODKIN, PETER M ESQUIRE

2101 WEST COMMERCIAL BOULEVARD, SUITE 4100

FORT LAUDERDALE FL 33309

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.

\$1,500,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

1,500,000

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 # P97000068649
NAME ZUCKERMAN HOMES AT ANDROS ISLE, INC.
STREET ADDRESS 6351 SAN MICHEL WAY
CITY - ST - ZIP DELRAY BEACH FL 33484

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT # M63523
NAME BANKATLANTIC VENTURE PARTNERS 3, INC.
STREET ADDRESS 1350 N.E. 56TH STREET
CITY - ST - ZIP FT LAUDERDALE FL 33334

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Andrew Zuckerman

Date

Daytime Phone #

4/5/00 561-637-9225

CR2E003 (9/99)