

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001425

1. Entity Name

MARKETPLACE OF DELRAY, LTD.

FILED
May 02, 2000 8:00 am
Secretary of State

Principal Place of Business

3501 S.W. CORPORATE PARKWAY
PALM CITY FL 34990

Mailing Address

3501 S.W. CORPORATE PARKWAY
PALM CITY FL 34990-8150



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3399 PGA Blvd.

Suite, Apt. #, etc.

Suite 450

City & State

PB6, FL

Zip

33410

Country

US

3. Mailing Address

3399 PGA Blvd.

Suite, Apt. #, etc.

Suite 450

City & State

PB6, FL

Zip

33410

Country

US

4. FEI Number

65-0843275

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PETER D. CUMMINGS & ASSOCIATES, INC.

3501 S.W. CORPORATE PARKWAY

PALM CITY FL 34990

7. Name and Address of New Registered Agent

Name

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

3399 PGA Blvd.

Suite 450

City

PB6

FL

Zip Code

33410

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.

\$800,000.00

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 # F98000003244
NAME G.P. MARKETPLACE OF DELRAY, INC.
STREET ADDRESS 3501 S.W. CORPORATE PARKWAY
CITY-ST-ZIP PALM CITY FL 34990

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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 REQUIRED *Kerth Cummings*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/20/00
Date

561-630-6110
Daytime Phone #