

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001559

1. Entity Name

CITRUS PARK DEVELOPERS, LTD.

FILED

00 JAN 31 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

21218 ST ANDREWS BLVD., #510
BOCA RATON FL 33433

Mailing Address

21218 ST ANDREWS BLVD., #510
BOCA RATON FL 33433-2435

2. Principal Place of Business:

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0868426

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

PRIME INVESTORS AND DEVELOPERS, INC.
21218 SAINT ANDREWS BLVD., #510
BOCA RATON FL 33433

Name

N/A

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

1.26.2000

DATE

9. Capital Contributions
as Shown on record.

\$1,500,000.00

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 # P97000011647
NAME PRIME INVESTORS AND DEVELOPERS, INC.
STREET ADDRESS 11859 NW 56TH STREET
CITY - ST - ZIP CORAL SPRINGS FL 33076

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

400003121824--7

-02/03/00-01003-017

****526.25 ****526.25

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

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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] VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

1.26.2000 561/740-1001

Daytime Phone #