

2001 UNIFORM BUSINESS REPORT (UBR)

0007855 AF

DOCUMENT # **A98000001559**

1. Entity Name

CITRUS PARK DEVELOPERS, LTD.

FILED

01 MAR 30 AM 11:49

**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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0868426

Applied For

Not Applicable

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

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

Name

STEVEN B. GREENFIELD, ESQ

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

7000 W. PALMETTO PARK RD STE 402

City

BOCA RATON

FL

Zip Code

33433

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, if not acceptable

(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.

100,000.

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

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:

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-24-2001

Date

954/392-8788

Daytime Phone #

CR2E003 (11/00)