

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001559**

1. Entity Name

CITRUS PARK DEVELOPERS, LTD.

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**

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

**STEVEN B. GREENFIELD, ESQ.
7000 W. PALMETTO PARK RD., STE. 402
BOCA RATON FL 33433**

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.

DATE

9. Capital Contributions
as Shown on record.

\$1,500,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

7,500.

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

21218 St. Andrews Blvd. #510

CITY-ST-ZIP

Boca Raton, FL 33433

STREET ADDRESS

2000004917482--2

CITY-ST-ZIP

-02/13/02--01109--013

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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 REGISTERING GENERAL PARTNER

1-30-2002 954/392-8788
Date Daytime Phone #

CR2E003 (9/01)

0012077 AT