

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001864

1. Entity Name
PARC CHANDON AT DELRAY BEACH, LTD.

FILED
00 APR 12 PM 2:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
6700 CASA GRANDE WAY
DELRAY BEACH FL 33446

Mailing Address
6700 CASA GRANDE WAY
DELRAY BEACH FL 33446-2347



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 15-0861104	APPLIED FOR	Applied For
5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable
		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORTON, TOBEY
6700 CASA GRANDE WAY
DELRAY BEACH FL 33446

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$1,000.00

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	MORTON, TOBEY 6700 CASA GRANDE WAY DELRAY BEACH FL 33446	STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
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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] 4.5.00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #