

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 APR 15 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **A98000001864**
1. Entity Name
Parc Chandon At Delray Beach, LTD.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
15340-Jog Road
Suite, Apt. #, etc.
Suite 200
City & State
Delray Beach
Zip
33446 Country
USA

3. Mailing Address
Same
Suite, Apt. #, etc.
City & State
Zip
Country

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

4. FEI Number
65-0861104
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Morton, Tobey
Street Address (P.O. Box Number is Not Accepted)
15340-Jog Road
Suite 200
City
Delray Beach FL Zip Code
33446

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 **Tobey Morton**
Signature, typed or printed name of registered agent and title if applicable

4-9-02
DATE

9. Capital Contributions as Shown on record **\$1000.00**

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
Morton, Tobey
15340-Jog Road, Suite 200
Delray Beach, FL 33446

STREET ADDRESS
CITY-ST-ZIP
9888885388809--3
-04/19/02--01069--021
******141.25 ****141.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: **Tobey Morton**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-9-02
Date

561-8659222
Daytime Phone #

STAPLE CHECK HERE

CR2E003B (12/01)