

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001982

1. Entity Name
CLOISTERS ON THE BAY, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 29 AM 10:40

Principal Place of Business
2499 GLADES ROAD, SUITE 114
BOCA RATON FL 33431

Mailing Address
2499 GLADES ROAD, SUITE 114
BOCA RATON FL 33431-7201



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
551 N.W. 77th Street
Suite, Apt. #, etc. Suite 108
City & State Boca Raton, FL
Zip 33487 Country USA

3. Mailing Address
551 N.W. 77th Street
Suite, Apt. #, etc. Suite 108
City & State Boca Raton, FL
Zip 33487 Country USA

4. FEI Number 65-0868611 **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent
POPKIN, EDWARD D
2499 GLADES ROAD, SUITE 114
BOCA RATON FL 33431

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

9. Capital Contributions as Shown on record. \$3,000,000.00 **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 #	P98000052839	STREET ADDRESS	
NAME	CLOISTERS ON THE BAY, INC.	CITY - ST - ZIP	
STREET ADDRESS	2499 GLADES ROAD, SUITE 114		
CITY - ST - ZIP	BOCA RATON FL 33431		
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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: By Robert A. Albanese 2/23/00 (901) 994-1375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)