

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001982

1. Entity Name

CLOISTERS ON THE BAY, LTD.

FILED

02 JUN 18 AM 11:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

551 N.W. 77TH STREET  
SUITE 108  
BOCA RATON FL 33487

Mailing Address

551 N.W. 77TH STREET  
SUITE 108  
BOCA RATON FL 33487

2. Principal Place of Business

1200 S. ROGERS CIRCLE

3. Mailing Address

1200 S. ROGERS CIRCLE

Suite, Apt. #, etc.

SUITE #11

Suite, Apt. #, etc.

SUITE #11

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33487

Country

USA

Zip

33487

Country

USA

DUE BY MAY 1, 2002

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.

DATE

9. Capital Contributions

\$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

DOCUMENT # P98000052839  
NAME CLOISTERS ON THE BAY, INC.  
STREET ADDRESS 2499 GLADES ROAD, SUITE 114  
CITY-ST-ZIP BOCA RATON FL 33431

DOCUMENT #  
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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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CITY-ST-ZIP

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)