

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002425**

1. Entity Name

101 NORTH CLEMATIS EQUITY INVESTORS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 FEB 16 PM 1:16

Principal Place of Business

222 LAKEVIEW AVENUE, 17TH FLOOR
WEST PALM BEACH FL 33401

Mailing Address

222 LAKEVIEW AVENUE, 17TH FLOOR
WEST PALM BEACH FL 33401

2. Principal Place of Business

Gardens Corporate Center
3801 PGA Boulevard, Suite 555
Palm Beach Gardens, FL 33410

3. Mailing Address

Gardens Corporate Center
3801 PGA Boulevard, Suite 555
Palm Beach Gardens, FL 33410



DO NOT WRITE IN THIS SPACE

MJH

4. FEI Number

65-0872824

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REGSERV CORP
222 LAKEVIEW AVENUE, 17TH FLOOR
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

REGSERV CORP.
Gardens Corporate Center
3801 PGA Boulevard, Suite 555
Palm Beach Gardens, FL 33410

FL Zip Code

8. The ab

REGSERV CORP.

red office or registered agent, or both, in the State of Florida.

SIGNATURE

By:

Lawrence B. Juran, President

ed 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.

\$1,856,250.00

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 # P98000090460
NAME 101 NORTH CLEMATIS EQUITY CORPORATION
STREET ADDRESS 222 LAKEVIEW AVENUE, 17TH FLOOR
CITY-ST-ZIP WEST PALM BEACH FL 33401

13. ADDRESS CHANGES ONLY

STREET ADDRESS Gardens Corporate Center
CITY-ST-ZIP 3801 PGA Boulevard, Suite 555
Palm Beach Gardens, FL 33410

DOCUMENT #

NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

600003746306--8

DOCUMENT #

NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

02/21/01--01119--003
****526.25 ****526.25

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

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

Patrick J. DiSalvo

(561) 630-5055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Vice President

Date

Daytime Phone #

0000189 AF

CR2E003 (11/00)