

2002 UNIFORM BUSINESS REPORT (UBR)

0012308 AT

DOCUMENT # **A98000002715**

1. Entity Name

FILLMORE PROPERTY, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB 11 PM 2:03

Principal Place of Business
**2350 S. CONGRESS AVENUE
DELRAY BEACH FL 33445**

Mailing Address
**2350 S. CONGRESS AVENUE
DELRAY BEACH FL 33445**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

65-0881041

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOOSE, WILLIAM R
515 NORTH FLAGLER DRIVE, SUITE 1900
WEST PALM BEACH FL 33401**

Name

George T. Elmore

Street Address (P.O. Box Number is Not Acceptable)

2101 S. Congress Ave.

City

Delray Beach

FL

Zip Code
33445

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.

1-22-02

DATE

9. Capital Contributions
as Shown on record.

\$990.00

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.**

52.50

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P98000042787**
NAME **FILLMORE PROPERTY COMPANY**
STREET ADDRESS **2350 S. CONGRESS AVENUE**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

STREET ADDRESS **2101 S. Congress Ave.**
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:

REQUIRED

GEORGE T. ELMORE, 1-22-2002 561-278-0456

Date

Daytime Phone #

CR2E003 (9/01)

PLEASE CHECK HERE