

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002757

1. Entity Name

DOWNTOWN BUSINESS PARK ASSOCIATES, LTD.

FILED

02 APR 30 PM 4:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

~~4139 BURNS ROAD~~  
PALM BEACH GARDENS FL 33410

Mailing Address

~~4139 BURNS ROAD~~  
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

621 SE CENTRAL PKWY

3. Mailing Address

621 SE CENTRAL PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

STUART, FL

City & State

STUART, FL

4. FEI Number

65-0887733

Applied For

Not Applicable

Zip

34994

Country

US

Zip

34994

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DOWNTOWN BUSINESS PARK ASSOCIATES, INC.  
~~4139 BURNS ROAD~~  
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name

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

621 SE CENTRAL PARKWAY

City

STUART

FL

Zip Code

34994

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  
as Shown on record.

\$800,000.00

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 # P98000102306  
NAME DOWNTOWN BUSINESS PARK ASSOCIATES, INC.  
STREET ADDRESS ~~4139 BURNS ROAD~~  
CITY-ST-ZIP ~~PALM BEACH GARDENS FL 33410~~

13. ADDRESS CHANGES ONLY

STREET ADDRESS

621 SE CENTRAL PARKWAY

CITY-ST-ZIP

STUART, FL 34994

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

500005504115--1

-05/10/02--01097--005

\*\*\*\*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

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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

0002317 AV