

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000058**

1. Entity Name

**CASCADE LAKES, LTD.**

FILED

02 MAY 21 PM 3:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**7777 GLADES ROAD, SUITE 410  
BOCA RATON FL 33434**

Mailing Address  
**7777 GLADES ROAD, SUITE 410  
BOCA RATON FL 33434**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY MAY 1, 2002**

4. FEI Number

**52-2139884**

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

**WIENER, ELLIOTT**

**7777 GLADES ROAD, SUITE 410**

**BOCA RATON FL 33434**

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 as Shown on record.

**\$324,350.00**

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 # **A99000000040**  
NAME **NORTHSTAR HOLDINGS, LTD.**  
STREET ADDRESS **7777 GLADES ROAD, SUITE 410**  
CITY-ST-ZIP **BOCA RATON FL 33434**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **M63521**  
NAME **BANKATLANTIC VENTURE PARTNERS 5, INC.**  
STREET ADDRESS **1750 E. SUNRISE BOULEVARE**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **P99000088933**  
NAME **EJ HOLDINGS, INC.**  
STREET ADDRESS **16440 VIA VENETIA EAST**  
CITY-ST-ZIP **DELRAY BEACH FL 33484**

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

**800005622968--7**  
**-05/29/02--01012--017**  
**\*\*\*526.25 \*\*\*526.25**

**FF \$ 526.25**

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

0012127 LATJ