

# 2002 UNIFORM BUSINESS REPORT (UBR)

001647 AT

**DOCUMENT #** A99000000889

**1. Entity Name**  
THE MARK ANDREW OF THE PALM BEACHES, LTD.

FILED  
02 MAY 16 PM 12:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Principal Place of Business**  
2625 NORTH FLAGLER DRIVE  
WEST PALM BEACH FL 33407

**Mailing Address**  
2625 NORTH FLAGLER DRIVE  
WEST PALM BEACH FL 33407



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip Country

**DUE BY MAY 1, 2002**

**4. FEI Number** 52-2172254

Applied For  
Not Applicable

**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**

**WARD, PHILLIP H III**  
**4420 BEACON CIRCLE, SUITE 100**  
**WEST PALM BEACH FL 33407**

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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**9. Capital Contributions** as Shown on record. **\$900.00**

**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 #	P98000065184	STREET ADDRESS	
NAME	THE MARK ANDREW OF THE PALM BEACHES, INC.	CITY-ST-ZIP	
STREET ADDRESS	2625 NORTH FLAGLER DRIVE		
CITY-ST-ZIP	WEST PALM BEACH FL 33407		
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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:** *Phillip H. Ward III* **4/29/02 (561) 835-3707**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (9/01)