

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001144

1. Entity Name

POINTE WEST OF VERO BEACH, LTD.

Principal Place of Business

4445 A1A, SUITE 250  
VERO BEACH FL 32963

Mailing Address

4445 A1A, SUITE 250  
VERO BEACH FL 32963-1312



2. Principal Place of Business

1999 POINTE WEST DRIVE  
Suite, Apt. #, etc.

3. Mailing Address

1999 POINTE WEST DR  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

VERO BEACH, FL

City & State

VERO BEACH, FL 33

4. FEI Number

65-0940137

Applied For

Not Applicable

Zip

Country

32966

USA

Zip

Country

32966

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FHS CORPORATE SERVICES, INC.  
11780 U.S. HIGHWAY ONE, SUITE 300  
NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$4,000,000.00

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 # P97000068138  
NAME PONTE WEST OF VERO BEACH, INC.  
STREET ADDRESS 4445 A1A, SUITE 250  
CITY - ST - ZIP VERO BEACH FL 32963

13. ADDRESS CHANGES ONLY

STREET ADDRESS

1999 POINTE WEST DRIVE

CITY - ST - ZIP

VERO BEACH, FL 32966

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
00 MAY -5 PM 1:59  
FILED

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 #

CHARLES MECHLING 4/30/00 561 7949912