

# 2001 UNIFORM BUSINESS REPORT (UBR)

0008760 AF

DOCUMENT # **A99000001168**

1. Entity Name

**GULFSTREAM CAPITAL, LTD.**

**FILED**  
 01 APR -9 PM 12:57  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

7171 NORTH FEDERAL HIGHWAY  
 BOCA RATON FL 33486

Mailing Address

7171 NORTH FEDERAL HIGHWAY  
 BOCA RATON FL 33486

2. Principal Place of Business

**c/o LEE TURFORD**  
 Suite, Apt. #, etc.  
**1560 SW 5TH. AVE.**

3. Mailing Address

**c/o LEE TURFORD**  
 Suite, Apt. #, etc.  
**1560 SW 5TH AVE.**

City & State

**BOCA RATON, FL.**

City & State

**BOCA RATON**

4. FEI Number

**65-0935857**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

Zip

**33432**

Country

**USA**

Zip

**33432**

Country

**USA**

6. Name and Address of Current Registered Agent

**ATRIUM REGISTERED AGENTS, INC.**  
**1500 SAN REMO AVENUE, SUITE 125**  
**CORAL GABLES FL 33146**

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 *Lee W. Turford*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/29/01

DATE

9. Capital Contributions as Shown on record.

**\$2,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**\$1,000,000.**

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 # **P99000060827**  
 NAME **MONARCH CAPITAL CORP.**  
 STREET ADDRESS **7171 NORTH FEDERAL HIGHWAY**  
 CITY-ST-ZIP **BOCA RATON FL 33486**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **1560 SW 5TH. AVE.**  
 CITY-ST-ZIP **BOCA RATON, FL. 33432**

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

~~000004009380--9~~  
~~04/18/01-01010-020~~  
**\*\*\*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

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: *Lee W. Turford*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/29/01 (SA) 395-5342  
 Date Daytime Phone #

CR2E003 (11/00)