


2000 UNIFORM BUSINESS REPORT (UBR)

101:770 A

DOCUMENT # A99000001344

1. Entity Name
EXCELSIOR PARC AT BOYNTON BEACH, LTD.

FILED *Wry/*
00 APR 12 PM 2:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA



Principal Place of Business
% MICHAEL MORTON
902 CLINT MOORE RD., SUITE 124
BOCA RATON FL 33487

Mailing Address
% MICHAEL MORTON
902 CLINT MOORE RD., SUITE 124
BOCA RATON FL 33487-2846

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
APPLIED FOR

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MORTON GROUP, INC.
% MICHAEL MORTON
902 CLINT MOORE RD., SUITE 124
BOCA RATON FL 33487

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. **\$1,000.00**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P93000020897	STREET ADDRESS	
NAME	MORTON GROUP, INC.	CITY - ST - ZIP	
STREET ADDRESS	902 CLINT MOORE RD., SUITE 124		
CITY - ST - ZIP	BOCA RATON FL 33487		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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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: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **Date** 4/6/2000 **Daytime Phone #**

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