

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 18 PM 12:45

0007113 JV

DOCUMENT # A99000001635

1. Entity Name

LONGWOOD UNITED LTD.

Principal Place of Business

222 LAKEVIEW AVE., STE 800
WEST PALM BEACH FL 33401

Mailing Address

222 LAKEVIEW AVE., STE 800
WEST PALM BEACH FL 33401-6148



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7777 Glades Rd.

Suite, Apt. #, etc.

201

City & State

Boca Raton, Fl.

Zip

33434

Country

USA

3. Mailing Address

7777 Glades Rd.

Suite, Apt. #, etc.

201

City & State

Boca Raton, Fla.

Zip

33434

Country

USA

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSEN, MARVIN

222 LAKEVIEW AVE., STE 800

WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

Melissa Crowe

Street Address (P.O. Box Number is Not Acceptable)

7777 Glades Rd.

Ste. # 201

City

Boca Raton,

FL

Zip Code

33434

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.

\$100.00

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 # P99000087959
NAME ASHLEY GENERAL INC
STREET ADDRESS 222 LAKEVIEW AVE., STE 800
CITY - ST - ZIP WEST PALM BEACH FL

13. ADDRESS CHANGES ONLY

STREET ADDRESS

500003156435--9

CITY - ST - ZIP

03/03/00 01063 010

***141.25 ***141.25

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)