

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001652**

1. Entity Name

OLD POST ROAD GROUP LIMITED PARTNERSHIP

FILED

01 SEP 27 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RAJH



Principal Place of Business

**16000 WINDRIFT DRIVE
JUPITER FL 33477**

Mailing Address

**16000 WINDRIFT DRIVE
JUPITER FL 33477**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY SEPTEMBER 26, 2001

4. FEI Number **65-0976941**

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

**DEWEES, LEDYARD H
270 N.W. 3RD COURT
BOCA RATON FL 33432**

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.

\$6,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

225,000

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

13. ADDRESS CHANGES ONLY

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**DUBOIS, MALCOLM
16000 WINDRIFT DRIVE
JUPITER FL 33477**

STREET ADDRESS

CITY-ST-ZIP

**200004618062--4
-10/01/01--01051--020
****926.25 ****926.25**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**HEDRICK, PAUL
15254 71ST DRIVE NORTH
PALM BEACH GARDENS FL 33418**

STREET ADDRESS

CITY-ST-ZIP

has resigned

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

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: **MALCOLM DUBOIS**
MALCOLM DUBOIS

FAX 746-6478
9-26-2001 561-746-8861

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Business Phone #

0001468 AT

CR2E003 (5/01)

STAPLE CHECK HERE