

# 2002 UNIFORM BUSINESS REPORT (UBR)

0001257 AT

DOCUMENT # **A99000001652**

1. Entity Name

**OLD POST ROAD GROUP LIMITED PARTNERSHIP**

Principal Place of Business

**16000 WINDRIFT DRIVE  
JUPITER FL 33477**

Mailing Address

**16000 WINDRIFT DRIVE  
JUPITER FL 33477**

FILED

02 SEP 24 PM 4: 04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY SEPTEMBER 25, 2002**

4. FEI Number **65-0976941**

Applied For

Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

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

**100008053811--8**

**09/26/02-01044-015**

**\*\*\*\*\*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

DOCUMENT #  
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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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**9-16-2002 561-385-4901**

Date

Daytime Phone #

CR2E003 (4/02)