

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** A99000002188

**1. Entity Name**  
TOPPEL CANTERFIELD LIMITED PARTNERSHIP

**FILED**  
**00 MAR 13 PM 4: 58**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**Principal Place of Business**      **Mailing Address**

7900 GLADES ROAD, STE 420      7900 Glades Road, Ste 420  
BOCA RATON, FL 33434      Boca Raton, FL 33434

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**4. FEI Number** 65-0973804      **Applied For**  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

Sheri Sauer  
7900 Glades Road, Suite 420  
Boca Raton, FL 33434

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>9. Capital Contributions</b> as Shown on record. \$4,500,000	<b>10. Amount of Capital Contributions</b> in FLORIDA to date. \$4,085,000	<b>11. MAKE CHECK PAYABLE TO DEPT OF STATE</b> <b>SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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	P97000107376 Toppel Management, Inc. 7900 Glades Road, Suite 420 Boca Raton, FL 33434	STREET ADDRESS CITY-ST-ZIP	600003180916--7 -03/22/00--01118--012 ****526.25 ****526.25
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**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:**  **Jonathan Toppel** 3/2/08 561 451 4696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

CRZE003 (9/99)