

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B01000000264

1. Entity Name

THE CEDAR FUND, L.P.

FILED

02 JAN 28 PM 2:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

THE CORPORATION TRUST COMPANY  
1209 ORANGE STREET  
WILMINGTON DE 19801

Mailing Address

301 YAMATO ROAD, SUITE 2200  
BOCA RATON FL 33431

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEDLACEK, VERNE  
301 YAMATO ROAD, SUITE 2200  
BOCA RATON FL 33431

Name

MARK S. RZEPYNSKI

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

301 YAMATO ROAD, STE 2200

City

BOCA RATON

FL

Zip Code

33431

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

DATE

9. Capital Contributions  
as Shown on record.

\$0.00

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 # P01000070241  
NAME WESTPORT CAPITAL MANAGEMENT CORP.  
STREET ADDRESS 301 YAMATO ROAD, SUITE 2200  
CITY-ST-ZIP BOCA RATON FL 33431

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/25/02 561 241-0018

Date Daytime Phone #

CR2E003 (9/01)

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