

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B01000000416

1. Entity Name

GULF ATLANTIC PARTNERS, LTD.

Principal Place of Business

40 SOUTH ADDISON ROAD, SUITE 100
ADDISON IL 60101

Mailing Address

40 SOUTH ADDISON ROAD, SUITE 100
ADDISON IL 60101

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 25, 2002

4. FEI Number

36-4445493

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

LEXIS DOCUMENT SERVICES, INC.
3953 W.W. KELLEY ROAD
TALLAHASSEE FL 32311

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.

\$100.00

10. Amount of Capital Contributions
in FLORIDA to date.

89,056

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 # F01000005634
NAME FORCON DEVELOPMENT CORPORATION
STREET ADDRESS 40 SOUTH ADDISON ROAD, SUITE 100
CITY-ST-ZIP ADDISON IL 60101

STREET ADDRESS

CITY-ST-ZIP

600006982866--7

-08/27/02--01034--027

****391.69 ****391.69

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

600006982866--7

-08/08/02--01087--002

****757.25 ****134.56

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

PF \$ 526.25

DOCUMENT #
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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8/2/02
Date

630-543-9059
Daytime Phone #

CR2E003 (4/02)

0002964 AB