

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B93000000114

1. Entity Name

FOREST SPRINGS LIMITED PARTNERSHIP

Principal Place of Business

6650 N.W. 41ST ST.
CORAL SPRINGS FL 33067

Mailing Address

C/O GERALD GREENSPOON, ESQ.
100 WEST CYPRESS CREEK ROAD, SUITE 700
FT. LAUDERDALE FL 33309-2195

2. Principal Place of Business

6351 San Michel Way

3. Mailing Address

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip
33484

Country

Zip

Country

4. FEI Number

65-0399299

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREENSPOON, MADER, HIRSCHFELD & RAFKIN P A
100 WEST CYPRESS CREEK RD, SUITE 700
TRADE CENTRE SOUTH
FT LAUDERDALE FL 33309

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

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.

\$200.00

10. Amount of Capital Contributions
in FLORIDA to date.

200.00

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

DOCUMENT # P93000016877
NAME FOREST SPRINGS, INC.
STREET ADDRESS 6650 N.W. 41ST ST
CITY - ST - ZIP CORAL SPRINGS FL 33067

13. ADDRESS CHANGES ONLY

STREET ADDRESS 6351 San Michel Way
CITY - ST - ZIP Delray Beach, FL 33484

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

ANDREW SUCKMAN

14-300

FILED

00 APR -6 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE