

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B94000000141

1. Entity Name

SUTTON TOWN & COUNTRY ASSOCIATES, LIMITED PARTNE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -1 PM 1:55

Principal Place of Business 17290 CORAL COVE WAY BOCA RATON FL 33496	Mailing Address 17290 CORAL COVE WAY BOCA RATON FL 33496-3219
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number 65-0479504	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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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

YUDELL, DAVID
17290 CORAL COVE WAY
BOCA RATON FL 33496

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 _____

9. Capital Contributions as Shown on record. \$100.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	F94000001942
NAME	SUTTON TOWN & COUNTRY ASSOCIATES, LTD.,INC
STREET ADDRESS	17290 CORAL COVE WAY
CITY - ST - ZIP	BOCA RATON FL 33496

STREET ADDRESS	100003127531--9
CITY - ST - ZIP	-02/08/00--01090--003
	****141.25 ****141.25

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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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **REQUIRE**
SIGNATURE AND TYPED NAME OF SIGNING GENERAL PARTNER

1/11/00 Date **761-998-2037** Daytime Phone #