

2002 UNIFORM BUSINESS REPORT (UBR)

0020788 SF

CR2E003 (9/01)

DOCUMENT # B96000000412

1. Entity Name
GULFSTREAM HOTEL LIMITED PARTNERSHIP

FILED

02 APR 30 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**C/O CORPORATION TRUST CENTER
1209 ORANGE STREET
WILMINGTON DE 19801**

Mailing Address
**C/O DANIELS REAL ESTATE DEV. COMPANY
609 PENN AVENUE, 200 ROOSEVELT BLDG.
PITTSBURGH PA 15222-3201**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number **51-0378462**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CHARLES A. LUBITZ, ESQUIRE
C/O BOOSE CASEY
515 N. FLAGLER DRIVE #1700
WEST PALM BEACH FL 33401**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$2,500,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **2,500,000**

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 #	849042
NAME	DANIELS REAL ESTATE DEVELOPMENT COMPANY
STREET ADDRESS	609 PENN AVE., 200 ROOSEVELT BUILDING
CITY-ST-ZIP	PITTSBURGH PA 15222-3201
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

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 REQUIRED**

Date **4/25/02** Daytime Phone # **412-355-0780**