

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B99000000312

1. Entity Name

BUCKWHITE PROPERTIES, LTD.

Principal Place of Business

3535 E. COAST HWY. #358  
CORONA DEL MAR CA 92625

Mailing Address

3535 E. COAST HWY. #358  
CORONA DEL MAR CA 92625

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAY 17 PM 12:59



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

95-2916007

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RIVLIN, MARK L

1550 MADRUGA AVENUE, SUITE #120  
CORAL GABLES FL 33146

Name

DAVID D. EASTMAN

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

2155 DELTA Blvd STE 210-B

City

TALLAHASSEE

FL

Zip Code

32303

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.

\$100,000.00

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 # P40028  
NAME SUSSEX PROPERTIES, INC.  
STREET ADDRESS 3535 EAST COAST HIGHWAY, SUITE #358  
CITY-ST-ZIP CORONA DEL MAR CA 92625

STREET ADDRESS

CITY-ST-ZIP

700005678397-3  
-06/04/02--01089--003  
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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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/18/02

Date

(949) 833-9456

Daytime Phone #

CR2E003 (9/01)