

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0002412 AF

DOCUMENT # L97000000220

1. Entity Name
BOCA PALM ASSOCIATES I, L.C.

00 APR 17 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3763 NW 4TH AVE
BOCA RATON FL 33431

Mailing Address
PO BOX 5847
LIGHTHOUSE POINT FL 33074-5847



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

3. Mailing Address
PO BOX 480070
Suite, Apt. #, etc.

City & State

City & State
Ft Lauderdale FL ~~33348~~
e

MNM

DO NOT WRITE IN THIS SPACE

Zip
Country

Zip
Country

33348-0070

4. FEI Number
65-0737181

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RUKE, MORGAN L
57 FORT ROYAL ISLE
FT LAUDERDALE FL 33308

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
RUKE, MORGAN
57 FORT ROYAL ISLE
FT LAUDERDALE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
RUKE, ILLEANE
57 FORT ROYAL ISLE
FT LAUDERDALE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
EICHLER, GARY
591 NE SILVER LANE
BOCA RATON FL 33432

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
BRITT, BARBARA
591 NE SILVER LANE
BOCA RATON FL 33432

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

800003228988--8
-04/28/00--01077--003
*****55.00 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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☐ Change ☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Morgan L Rukes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/12/00 (954) 545 9054
Date Daytime Phone #

CR2E083 (9/99)