

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90856 010 ***158.75

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1. Entity Name
FIRST PARTNERS REAL ESTATE CORPORATION

Principal Place of Business
2000 PGA BLVD.
SUITE 4410
N. PALM BEACH FL 33408

Mailing Address
2000 PGA BLVD.
SUITE 4410
N. PALM BEACH FL 33408

2. Principal Place of Business

3. Mailing Address
11300 U.S. Highway One

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 203

City & State

City & State
North Palm Beach, FL

Zip

Country

Zip
33408-3208

Country

Palm Beach

4. FEI Number **65-1114914**

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MILLER, DONALD W
2000 PGA BLVD.
SUITE 4410
N. PALM BEACH FL 33408

7. Name and Address of New Registered Agent

Name

Miller, Donald W

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

11300 U.S. HWY One, Suite 203

City

North Palm Beach, FL

FL

Zip Code

33408-3208

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, DONALD W 2000 PGA BLVD. SUITE 4410 N. PALM BEACH FL 33408	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President MILLER, DONALD W 11300 U.S. Highway One, Suite 203 North Palm Beach, FL 33408-3208	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman H. MAX FRICKER 11300 U.S. Highway One, Suite 203 North Palm Beach, FL 33408-3208	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Donald W. Miller, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/6/03 561-833-3800

CR2E034 (10/02)