

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000007700

1. Entity Name

BUILD-TO-SUIT PARTNERS, INC.

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90016 019 ***150.00

Principal Place of Business

Mailing Address

C/O GODART REAL ESTATE GROUP
ONE FINANCIAL PLAZA SUITE 2001
FORT LAUDERDALE FL 33394C/O GODART REAL ESTATE GROUP
ONE FINANCIAL PLAZA SUITE 2001
FORT LAUDERDALE FL 33394

2. Principal Place of Business

3. Mailing Address

330 ISLE OF CAPRI

330 ISLE OF CAPRI

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE FL

City & State

FORT LAUDERDALE

Zip

33301

Country

USA

Zip

33301

Country

USA

4. FEI Number

65-0821637

Applied For

Not Applicable

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

ZIFRONY, MATTHEW
C/O TRIPP, SCOTT, CONKLIN & SMITH
110 SE 6TH STREET, 15TH FLOOR
FORT LAUDERDALE FL 33301

Name

F. THOMAS GODART

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

330 ISLE OF CAPRI

City

FORT LAUDERDALE

FL

Zip Code

33301

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

F. THOMAS GODART

1/11/2001

PRESIDENT

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PST	GODART, F. THOMAS	330 ISLE OF CAPRI	FT LAUDERDALE FL	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			33301	
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
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
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

F. THOMAS GODART

PRESIDENT

1/11/2001

Date

954-462-8768

Daytime Phone #

CR2E034 (10/00)