

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A05577**

1. Entity Name
CITRUS PLAZA PARTNERS, A LIMITED PARTNERSHIP



Principal Place of Business
P.O. BOX 999
CHADDS FORD PA 19317

Mailing Address
P.O. BOX 999
CHADDS FORD PA 19317

FILED

2003 FEB 11 PM 1:02

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number **51-0170755**

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

MOORE, BRUCE E
C/O BRANDYWINE FINANCIAL SERVICES CORP.
2631 MCCORMICK DRIVE
CLEARWATER FL 33759

Name
Brandywine Financial Services Corporation
Street Address (P.O. Box Number is Not Acceptable)
C/O Bruce E. Moore
2631 McCormick Drive
City
Clearwater FL Zip Code
33759

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.

DATE

9. Capital Contributions
as Shown on record.

\$334,985.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # **852350**
NAME **BRANDYWINE CORPORATION**
STREET ADDRESS **2 POND'S EDGE DR.**
CITY-ST-ZIP **CHADDS FORD PA 19317**

STREET ADDRESS

CITY-ST-ZIP

600012325316
02/11/03--01087--019 **535.00

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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

JAN 13 2003

(60) 388-9600

Date Daytime Phone #

CR2E003 (10/02)