

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A06439**

1. Entity Name

**NORTH GROVE ASSOCIATES, LTD.**

**FILED**

**00 MAR 27 PM 2:56**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
516 LAKEVIEW ROAD  
UNIT 8  
CLEARWATER FL 33756

Mailing Address  
516 LAKEVIEW ROAD  
UNIT 8  
CLEARWATER FL 33756-3302

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1815841**

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

**FLYNN, THOMAS F  
516 LAKEVIEW ROAD  
UNIT 8  
CLEARWATER FL 33756**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record. **\$110,430.00**

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 #  
NAME **BJELLAND, RICHARD J**  
STREET ADDRESS **888 WILSON ST**  
CITY - ST - ZIP **WOODBURN, OR**

STREET ADDRESS Deleted  
CITY - ST - ZIP

DOCUMENT #  
NAME **MIDURA, ROGER B**  
STREET ADDRESS **1761 BREAKERS WEST BLVD.**  
CITY - ST - ZIP **WEST PALM BEACH FL 33411**

STREET ADDRESS Deleted  
CITY - ST - ZIP **600003198716--1**  
**04/06/00 01082 012**

DOCUMENT #  
NAME **FLYNN, THOMAS F.**  
STREET ADDRESS **516 LAKEVIEW ROAD**  
CITY - ST - ZIP **CLEARWATER FL 33756**

STREET ADDRESS **\*\*\*\*535.00 \*\*\*\*535.00**  
CITY - ST - ZIP

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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:** *Thomas F. Flynn* **SIGNATURE REQUIRED** Thomas F. Flynn 2/29/00 727-449-1182 Ex 211  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)