

2001 UNIFORM BUSINESS REPORT (UBR)

0020255 SP

DOCUMENT # **A20767**

1. Entity Name

PINE RIDGE ASSOCIATES, LTD.

FILED

01 FEB -6 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business %4415 FIFTH AVENUE PITTSBURGH PA 15213	Mailing Address %4415 FIFTH AVENUE PITTSBURGH PA 15213
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 59-2666032	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**ANSBACHER, LEWIS
5150 BELFORT ROAD, BLDG 100
JACKSONVILLE FL 32256**

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 _____

9. Capital Contributions as Shown on record. **\$608,700.00**

10. Amount of Capital Contributions in FLORIDA to date. **0.00**

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 # **H34759**
NAME **WESTCO MANAGEMENT INC.**
STREET ADDRESS **4415 FIFTH AVENUE**
CITY-ST-ZIP **PITTSBURGH PA**

STREET ADDRESS _____
CITY-ST-ZIP **000003656540--6**
-02/07/01--01092--013
******141.25 ****141.25**

DOCUMENT # **P31335**
NAME **NDC REALTY INVESTMENTS, INC.**
STREET ADDRESS **4415 FIFTH AVENUE**
CITY-ST-ZIP **PITTSBURGH PA**

STREET ADDRESS _____
CITY-ST-ZIP _____

DOCUMENT # _____
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STREET ADDRESS _____
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: *Diane G. Connor*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Diane G. Connor J.P.
Westco Management, Inc.
General Partner
Date **1-31-01** Daytime Phone # **412-578-7800**

CF2E003 (11/00)