

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A20864**

1. Entity Name

**MASSACHUSETTS AVENUE, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUN 23 PM 1:29



Principal Place of Business

2739 US HWY 19, STE. 201  
HOLIDAY FL 34691

Mailing Address

P.O. BOX 2108  
ELFERS FL 34680-2108



2. Principal Place of Business

8801 RIVER CROSSING BLVD  
Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 2108  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NEW PORT RICHEY

City & State

ELFERS

4. FEI Number

59-2589078

Applied For

Not Applicable

Zip

34655

Country

USA

Zip

34680-2108

Country

USA

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BRASHER, C. JOHN  
2739 US HWY 19, STE. 201  
HOLIDAY FL 34691

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
8801 RIVER CROSSING BLVD.  
City  
NEW PORT RICHEY FL Zip Code  
34655

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$92,745.04**

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 # H77213  
NAME MASSACHUSETTS AVE INC  
STREET ADDRESS 6709 RIDGE ROAD, SUITE 200  
CITY-ST-ZIP PORT RICHEY FL 34668

STREET ADDRESS 8801 RIVER CROSSING BLVD.  
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

DOCUMENT #  
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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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CF 125 1