

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A28440**

1. Entity Name

**ROYAL PALM CENTER ASSOCIATES, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 29 PM 12:52



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>4415 FIFTH AVENUE PITTSBURGH PA 15213</b>	Mailing Address <b>4415 FIFTH AVENUE PITTSBURGH PA 15213-2654</b>
---	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number <b>59-2963674</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>ANSBACHER &amp; SCHNEIDER, P.A. 4215 SOUTHPOINT BLVD. #100 JACKSONVILLE FL 32216</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. <b>\$655,750.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>0.00</b>	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 STREET ADDRESS CITY - ST - ZIP	<b>H34759 WESTCO MANAGEMENT, INC. 1520-360 ROYAL PALM SQ. FT. MYERS FL</b>	STREET ADDRESS CITY - ST - ZIP	<b>Wf 3/9/00</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>J70410 NATIONAL DEVELOPMENT PROPERTIES OF FLORIDA 4415 FIFTH AVENUE PITTSBURGH PA 15213</b>	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	<b>300003168983-6 02/14/00-nm175-003 ****141.25 ****141.25</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		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

*Dane A. Connor, V.P. Westco Management, Inc.*

SIGNATURE: *Dane A. Connor* **REQUIRE** **REQUIRED** **REQUIRED**

DATE: **2-23-00** DAYTIME PHONE: **412-578-7800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)