

2002 UNIFORM BUSINESS REPORT (UBR)

0018649 AB

DOCUMENT # **A28440**

1. Entity Name

ROYAL PALM CENTER ASSOCIATES, LTD.

FILED

02 APR - 1 PM 12: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**4415 FIFTH AVENUE
PITTSBURGH PA 15213**

Mailing Address

**4415 FIFTH AVENUE
PITTSBURGH PA 15213**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

59-2963674

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

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

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.

DATE _____

9. Capital Contributions as Shown on record.

\$655,750.00

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 **1520-360 ROYAL PALM SQ.**
CITY-ST-ZIP **FT. MYERS FL**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **J70410**
NAME **NATIONAL DEVELOPMENT PROPERTIES OF FLORIDA**
STREET ADDRESS **4415 FIFTH AVENUE**
CITY-ST-ZIP **PITTSBURGH PA 15213**

STREET ADDRESS

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: *Deane G. Conroy*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Deane G. Conroy, U.P.

Westco Management, Inc.

General Partner

3-19-02

412-578-7800

Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE