

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A32882**

1. Entity Name
DOWNTOWN TAMPA PROPERTIES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR - 1 PM 12:29

Principal Place of Business
**200 BOULDER RIDGE ROAD
SCARSDALE NY 10583**

Mailing Address
~~50 N. LAURA ST. SUITE 2750
JACKSONVILLE FL 32202-9640~~



2. Principal Place of Business
c/o Unger, Webster, Swartwood

3. Mailing Address
& Acree, PA

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.
701 Peachtree Rd

City & State

City & State
Orlando, FL 32804

4. FEI Number **59-3142266**

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

~~MOTOLAW, INC.
413 VIRGINIA DRIVE
ORLANDO FL 32803~~

Name
UWSA Services, Inc.
Street Address (P.O. Box Number is Not Acceptable)
701 Peachtree Road
City **Orlando** FL Zip Code **32804**

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]* *President* *Feb 15 00*
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. **\$1,944,137.00**

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 # **P93000031040**
NAME **SCIDC TAMPA PROPERTIES, INC.**
STREET ADDRESS **200 BOULDER RIDGE ROAD**
CITY - ST - ZIP **SCARSDALE NY 10583**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

2/3/14/00

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

1000003173391--7
-03/17/00--01007--022
******526.25 ****526.25**

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

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** **HOWARD GAZDAR**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/22/00 **(414) 478-2727**
Date Daytime Phone #

CR2E003 (9/99)