

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A92000000192

1. Entity Name
54 PETEVILLE SC COMPANY, LTD.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 MAR 20 PM 6:18



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1733 W. FLETCHER AVENUE TAMPA FL 33612	Mailing Address 1733 W. FLETCHER AVENUE TAMPA FL 33612-1820
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3157564	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WALTERS, CLIFFORD L
802 11TH STREET WEST
BRADENTON FL 34205

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. \$97,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # P94000003725	NAME FLORIDA CORPORATE, INC.	STREET ADDRESS 1733 W. FLETCHER AVE	CITY - ST - ZIP TAMPA FL 33612
DOCUMENT # G66829	NAME TAMNOR CORPORATION	STREET ADDRESS C/O 60 EAST 42ND STREET	CITY - ST - ZIP NEW YORK NY 10165
DOCUMENT # G66830	NAME NORTAM CORPORATION	STREET ADDRESS 550 MAMARONECK AVENUE, SUITE 404	CITY - ST - ZIP HARRISON NY 10528
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
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DOCUMENT #	NAME	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: *[Signature]* **SIGNATURE REQUIRED** 3/13/00 813 960-8154
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

16940 1/00 1/1