

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000002413**

1. Entity Name

METRO PLACE, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAR 10 PM 3:07

Principal Place of Business
**3300 S. HIAWASSEE RD., SUITE 107
ORLANDO FL 32835**

Mailing Address
**P.O. BOX 4961
ORLANDO FL 32802-4961**



2. Principal Place of Business
800 N. HIGHLAND AVE.

3. Mailing Address

Suite, Apt. #, etc.
SUITE 200

Suite, Apt. #, etc.

City & State
ORLANDO, FL

City & State

4. FEI Number **62-1667778**

Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

Zip
32803

Country
USA

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

**B&C CORPORATE SERVICES OF CENTRAL FLORIDA
390 N. ORANGE AVE., SUITE 1100
ORLANDO FL 32801**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$19,564,050.00**

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 # **P96000102138**
NAME **METRO PLACE, INC.**
STREET ADDRESS **3300 S. HIAWASSEE RD., SUITE 107**
CITY - ST - ZIP **ORLANDO FL 32835**

STREET ADDRESS **800 N. HIGHLAND AVE., SUITE 200**
CITY - ST - ZIP **ORLANDO, FL 32803**

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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: **METRO PLACE, INC. G.P.**
SIGNATURE REQUIRED
STEVEN G. KROPP, PRESIDENT

31-00

Date

407/297-1100

Daytime Phone #

CR2E003 (03/01)