

# 2002 UNIFORM BUSINESS REPORT (UBR)

0019719 AB

DOCUMENT # **A97000000141**

1. Entity Name  
**MBMDS ASSOCIATES, LTD.**

APPROVED  
AND  
FILED

02 APR 19 AM 11:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**3330 RUM ROW  
NAPLES FL 34102**

Mailing Address  
**3560 W. MARKET STREET  
SUITE 300  
AKRON OH 44333**



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 **91-1774722**      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**

**GPRCGROUP, INC.  
3330 RUM ROW  
NAPLES FL 34102**

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. **\$49,920.00**

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 #	<b>F97000000264</b>
NAME	<b>GPRCGROUP, INC.</b>
STREET ADDRESS	<b>3330 RUM ROW</b>
CITY-ST-ZIP	<b>NAPLES FL 34102</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	<b>9000005289849--2</b>
CITY-ST-ZIP	<b>-04/17/02--01063--001 ****908.84 ****438.19</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

*Handwritten:*  
AP 349.44  
Adm - 88.75

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]* **GPRCGROUP, GEN'L PTNA**      3/28/02      330-665-  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone # 8907

CR2E003 (9/01)