

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

A97000002079

1. Entity Name

THEATRE ASSOCIATES II, LTD.

6862-1

FILED

01 MAY -2 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

%BAY PLAZA EXECUTIVE CENTER
1290 PALM AVENUE
SARASOTA, FL 34236

%BAY PLAZA EXECUTIVE CENTER
1290 PALM AVENUE
SARASOTA, FL 34236

2. Principal Place of Business

1937 GOLF STREET

3. Mailing Address

1937 GOLF STREET

Suite, Apt. # etc.

Suite, Apt. #, etc.

2nd Floor

City & State
SARASOTA, FL

City & State
SARASOTA, FL

Zip
34236

Country
US

Zip
34236

Country
US

4. FEI Number
65-0783505

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KAUFFMAN, MARK S
%BAY PLAZA EXECUTIVE CENTER
1290 PALM AVENUE
SARASOTA, FL 34236

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1937 GOLF STREET

2nd Floor

City

SARASOTA

FL

Zip Code
34236

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

Mark S. Kauffman

Mark S. Kauffman,
Registered Agent

4/16/01

DATE

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

(NOTE: Registered Agent signature required when re-registering)

9. Capital Contributions

as Shown on record. \$7,500.00

10. Amount of Capital Contributions

in FLORIDA to date. \$7,500.00

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

DOCUMENT # P97000082749
NAME BKB II, INC.
STREET ADDRESS 1290 Palm Avenue
CITY-ST-ZIP Sarasota, FL 34236

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS P.O. Box 49948
CITY-ST-ZIP SARASOTA, FL 34230

STREET ADDRESS
CITY-ST-ZIP
3000004302009--9
-05/23/01--01036--044
****141.25 ****141.25

STREET ADDRESS
CITY-ST-ZIP

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

DAVID S. BAND

GENERAL PARTNER

4/16/01

(941) 366-6660

SIGNATURE:

David S. Band

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)