

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000476**

1. Entity Name

CHULA VISTA MEDICAL PLAZA INVESTORS, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -1 PM 12:06

*mf*



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
222 LAKEVIEW AVE., 17TH FL  
WEST PALM BEACH FL 33401

Mailing Address  
222 LAKEVIEW AVE., 17TH FL  
WEST PALM BEACH FL 33401-6150

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0820931**

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

REGSERV CORP.  
222 LAKEVIEW AVE., 17TH FL  
WEST PALM BEACH FL 33401

Name

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

City

FL

Zip Code

8. The above Regserv Corp.

changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

By:

*Mark Nussbaum*  
Mark Nussbaum, Vice President

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/00

9. Capital Contributions  
as Shown on record.

**\$1,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**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 # **A98000000475**  
NAME **CHULA VISTA MEDICAL PLAZA EQUITY INVESTORS**  
STREET ADDRESS **222 LAKEVIEW AVE., 17TH FL**  
CITY - ST - ZIP **WEST PALM BEACH FL 33401**

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:

*Patrick J. DiSalvo*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

Patrick J. DiSalvo  
Vice President

4/27/00 (561) 655-9008  
Date Daytime Phone #