

# 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # B97000000136

1. Entity Name

SEDOWICZ PROPERTIES, L.P.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG 14 AM 10:02

Principal Place of Business

5555 OAKBROOK PARKWAY, SUITE 355  
NORCROSS GA 30093

Mailing Address

5555 OAKBROOK PARKWAY, SUITE 355  
NORCROSS GA 30093

2. Principal Place of Business

5300 OAKBROOK PRKY

3. Mailing Address

5300 OAKBROOK PARKWAY

Suite, Apt. #, etc.

SUITE 135

Suite, Apt. #, etc.

SUITE 135

City & State

NORCROSS, GA

City & State

NORCROSS, GA

Zip

30093

Country

GEORGIA

Zip

30093

Country

GEORGIA

4. FEI Number

58-2283575

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

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33327

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$500.00

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

DOCUMENT #  
NAME SEDOWICZ, LOIS J  
STREET ADDRESS 5555 OAKBROOK PARKWAY, SUITE 355  
CITY-ST-ZIP NORCROSS GA 30093

13. ADDRESS CHANGES ONLY

STREET ADDRESS 5300 OAKBROOK PARKWAY, SUITE 135  
CITY-ST-ZIP NORCROSS, GA 30093

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:

*Lois J Sedowicz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (5/00)