

# 2002 UNIFORM BUSINESS REPORT (UBR)

0014378 AT

**DOCUMENT #** A00000001674

**1. Entity Name**  
CENTURY PLAZA, LTD.

**FILED**

02 MAY -1 PM 6:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Principal Place of Business**  
5015 SOUTH FLORIDA AVE.  
LAKELAND FL 33813

**Mailing Address**  
5015 SOUTH FLORIDA AVE.  
LAKELAND FL 33813



**2. Principal Place of Business**  
500 S. FLORIDA AVE  
Suite, Apt. #, etc.  
Suite 700  
City & State  
LAKELAND FL  
Zip  
33801  
Country  
POLK

**3. Mailing Address**  
500 S FLORIDA AVE  
Suite, Apt. #, etc.  
Suite 700  
City & State  
LAKELAND FL  
Zip  
33801  
Country  
POLK

**DUE BY MAY 1, 2002**

**4. FEI Number** 59-3679560  
Applied For  
Not Applicable

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
MAXWELL, LAWRENCE T  
5015 SOUTH FLORIDA AVE.  
LAKELAND FL 33813

**7. Name and Address of New Registered Agent**  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
500 S. FLORIDA AVE Suite 700  
City  
LAKELAND FL Zip Code  
33801

**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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**9. Capital Contributions** as Shown on record. **\$1,000,000.00**

**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**

|                |                                 |
|----------------|---------------------------------|
| DOCUMENT #     | P29845                          |
| NAME           | A & M BUSINESS PROPERTIES, INC. |
| STREET ADDRESS | 5015 SOUTH FLORIDA AVE.         |
| CITY-ST-ZIP    | LAKELAND FL 33813               |
| 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 | 500 S. FLORIDA AVE. Suite 700 |
| CITY-ST-ZIP    | LAKELAND FL 33801             |
| STREET ADDRESS |                               |
| CITY-ST-ZIP    |                               |
| STREET ADDRESS | <b>BK</b>                     |
| CITY-ST-ZIP    |                               |
| STREET ADDRESS | 600005538236--4               |
| CITY-ST-ZIP    | -05/16/02--01001--002         |
| STREET ADDRESS | ****535.00 ****535.00         |
| 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**

**SIGNATURE:** SIGNATURE REQUIRED **04/30/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (9/01)