

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01210

1. Entity Name

PENSACOLA ASSOCIATES

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 28 PM 12:06

Principal Place of Business

2690 CROOKS ROAD  
SUITE 400  
TROY MI 48064

Mailing Address

2690 CROOKS ROAD  
SUITE 400  
TROY MI 48064-4700

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

38-6169706

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

USA

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

RODGERS, TOM

1101 GULF BREEZE PKWY BOX #188

SUITE 120

GULF BREEZE FL 32561

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.

\$293,221.00

10. Amount of Capital Contributions  
in FLORIDA to date.

293,221

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 #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
AIKENS, ROBERT B  
2690 CROOKS RD., #400  
TROY MI 48064

STREET ADDRESS  
CITY - ST - ZIP

700003272567-6  
-05/31/00--01088--009  
\*\*\*\*526.25 \*\*\*\*526.25

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
AIKENS, WILLIAM R  
2690 CROOKS RD., #400  
TROY MI 48064

STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/26/00 (248) 362-1370

Date

Daytime Phone #

CR2:003 (9/99)