

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A01383**

1. Entity Name

AVONDALE ESTATES APARTMENTS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -3 PM 1:33

Principal Place of Business

**1818 9TH AVE E
BRADENTON FL 34208**

Mailing Address

**3643 CORTEZ RD. WEST
STE. 110
BRADENTON FL 34210-3159**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Bradenton FL

4. FEI Number

59-1365754

Applied For

Not Applicable

Zip

Country

Zip

Country

34280

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

**CONARD, R.T.
3643 CORTEZ RD. W.
BRADENTON FL 34210**

Name **Stancon Management Corp**
Street Address (P.O. Box Number is Not Acceptable)

1707 71st St NW

City **Bradenton**

FL

Zip Code **34209**

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 true, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record

\$143,263.50

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 #
NAME **CONARD, RICHARD T.**
STREET ADDRESS **3643 CORTEZ ROAD WEST**
CITY - ST - ZIP **BRADENTON FL 34210**

STREET ADDRESS **1707 71st St NW**
CITY - ST - ZIP **Bradenton FL 34209**

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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:

RT Conard REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

3/5/00 941-792-6800

CR2E003 (5/9)