

# 2000 UNIFORM BUSINESS REPORT (UBR)

0000066 AF

DOCUMENT # A03709

1. Entity Name

PENNCOLA ASSOCIATES, LIMITED

FILED

00 FEB 11 AM 10:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
C/O GROSSMAN, TUCHMAN & SHAH  
370 LEXINGTON AVENUE  
NEW YORK NY 10019

Mailing Address  
C/O GROSSMAN, TUCHMAN & SHAH  
370 LEXINGTON AVENUE  
NEW YORK NY 10017-6503



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 13-6619443

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

GORTZ, ALBERT W.  
ONE BOCA PLACE SUITE WEST  
2255 GLADES ROAD  
BOCA RATON FL 33431

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. \$123,540.00

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 #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
ADER, RICHARD H.  
1370 AVE. OF THE AMERICAS  
NEW YORK NY 10019

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
F93000002447  
IR PINE CORP.  
411 WEST PUTNAM AVENUE  
GREENWICH CT 06830

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/27/00

Date

212-581-4540

Daytime Phone #

CR2E003 (9/99)