

# 2000 UNIFORM BUSINESS REPORT (UBR)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

nr 4119



DO NOT WRITE IN THIS SPACE

**DOCUMENT # A04857**

1. Entity Name  
**BRIAR BAY SHOPPING CENTER, LTD.**

Principal Place of Business C/O COURTELIS COMPANY 701 BRICKELL AVENUE, SUITE 1400 MIAMI FL 33131	Mailing Address C/O COURTELIS COMPANY 701 BRICKELL AVENUE, SUITE 1400 MIAMI FL 33131-2820
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number <b>59-1730506</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>PITTS, W. DOUGLAS</b> <b>701 BRICKELL AVENUE</b> <b>SUITE 1400</b> <b>MIAMI FL 33131</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$5.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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	<b>M34390</b> <b>LANCASTER DEVCORP, INC.</b> <b>701 BRICKELL AVE., #1400</b> <b>MIAMI FL 33131-2822</b>	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<b>500003217145-1</b> <b>-04/21/00--01001--013</b> <b>****141.25 ****141.25</b>
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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]* **SIGNATURE REQUIRED** 1/11/00 305-379-8467

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Douglas W. Pitts, Treasurer Date Daytime Phone #