

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A05584**

1. Entity Name  
**BROOK PLAZA PARTNERS, A LIMITED PARTNERSHIP**



Principal Place of Business  
P.O. BOX 999  
CHADDS FORD PA 19317

Mailing Address  
P.O. BOX 999  
CHADDS FORD PA 19317

APPROVED  
AND  
FILED

03 JAN 30 AM 8:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **51-0170593**

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

**MOORE, BRUCE E**  
**C/O BRANDYWINE FINANCIAL SERVICE CORP.**  
**2637 MCCORMICK DRIVE**  
**CLEARWATER FL 33759**

Name  
**Brandywine Financial Services Corporation**  
Street Address (P.O. Box Number is Not Acceptable)  
**C/O Bruce E. Moore**  
**2631 McCormick Drive**  
City **Clearwater** FL Zip Code **33759**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

**\$294,990.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # **852350**  
NAME **BRANDYWINE CORPORATION**  
STREET ADDRESS **2 POND'S EDGE DR.**  
CITY-ST-ZIP **CHADDS FORD PA 19317**

STREET ADDRESS

CITY-ST-ZIP

~~01/30/03--01012--001 \*\*535.00~~

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**900011197929**  
**01/30/03--01012--001 \*\*535.00**

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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**

**JAN 13 2003**

**(610) 388-9600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

0019011 MB