

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A08665

1. Entity Name

OLD HYDE PARK VILLAGE CENTER, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 19 AM 11:43

*[Signature]*



DO NOT WRITE IN THIS SPACE

Principal Place of Business 102 NOCOSSA CIRCLE JUPITER FL 33458	Mailing Address PO BOX 1273 JUPITER FL 33468-1273
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2101240	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

GLADFELTER, LESLIE H  
C/O GRIMES, GOEBEL,  
1023 MANATEE AVE. W.  
BRADENTON FL 34205

7. Name and Address of New Registered Agent

Name  
EILEEN F. LETSCH  
Street Address (P.O. Box Number is Not Acceptable)  
102 NOCOSSA CIR  
City  
JUPITER FL Zip Code  
33458

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 *Eileen F. Letsch* (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. \$361,000.00	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	564762 AMLEA (FLORIDA), INC. 102 NOCOSSA CIRCLE JUPITER FL 33458	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: *Eileen F. Letsch* SIGNED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)