

# 2002 UNIFORM BUSINESS REPORT (UBR)

001419 AT

<b>DOCUMENT #</b>	<b>A08866</b>
<b>1. Entity Name</b>	
<b>BROOKSIDE VILLAGE, LTD.</b>	

FILED

02 JAN 23 PM 12:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>Principal Place of Business</b>	<b>Mailing Address</b>
<b>2120 DREW STREET</b> <b>CLEARWATER FL 33765</b>	<b>2120 DREW STREET</b> <b>CLEARWATER FL 33765</b>



<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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<b>DUE BY MAY 1, 2002</b>	
<b>4. FEI Number</b>	<b>59-1997904</b>
Applied For	Not Applicable

<b>5. Certificate of Status Desired</b>	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>
<b>FUNK, RICHARD B.</b>
<b>2120 DREW ST.</b>
<b>CLEARWATER FL 33765</b>

<b>7. Name and Address of New Registered Agent</b>
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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>9. Capital Contributions as Shown on record.</b>	<b>\$80,000.00</b>	<b>10. Amount of Capital Contributions in FLORIDA to date.</b>	<b>11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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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.**

<b>12. GENERAL PARTNER INFORMATION</b>	
<b>DOCUMENT #</b>	<b>590286</b>
<b>NAME</b>	<b>J.R.S. EQUITIES, INC.</b>
<b>STREET ADDRESS</b>	<b>2120 DREW STREET</b>
<b>CITY-ST-ZIP</b>	<b>CLEARWATER FL 33765</b>
<b>DOCUMENT #</b>	<b>FUNK, RICHARD B</b>
<b>NAME</b>	<b>114 HARBOR VIEW DR.</b>
<b>STREET ADDRESS</b>	<b>LARGO FL 33770</b>
<b>CITY-ST-ZIP</b>	
<b>DOCUMENT #</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>DOCUMENT #</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>DOCUMENT #</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>13. ADDRESS CHANGES ONLY</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>	
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<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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:** *John C. Hartman* **TREASURER** **J.R.S. EQUITIES, INC.** **1/18/02** **727-442-3117**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)