

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A12503

1. Entity Name
SUNBELT MANOR ASSOCIATES, A LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 27 AM 3: 05



DO NOT WRITE IN THIS SPACE

Principal Place of Business: P.O. BOX 40177, INDIANAPOLIS IN-46260
Mailing Address: P.O. BOX 40177, INDIANAPOLIS IN 46240-0177

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
Zip: 46240, Country: _____

4. FEI Number: **59-2202771**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

9. Capital Contributions as Shown on record: **\$550,000.00**
10. Amount of Capital Contributions in FLORIDA to date: _____
11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

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

DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
	GLICK, EUGENE B	215 WILLIAMS COURT	INDIANAPOLIS IN
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
	GLICK, MARILYN K	215 WILLIAMS COURT	INDIANAPOLIS IN
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	526.25
CITY - ST - ZIP	
STREET ADDRESS	900003257739-8
CITY - ST - ZIP	-05/18/00--01093--001
	1091.25 **526.25
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
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: **Eugene B. Glick** **REQUIRED** Date: **4/21/00** Daytime Phone #: **317/469-0400**

Eugene B. Glick, General Partner

CR2E003 (9/99)