

# 2002 UNIFORM BUSINESS REPORT (UBR)

0019780 AB

DOCUMENT # **A12503**

1. Entity Name

**SUNBELT MANOR ASSOCIATES, A LIMITED PARTNERSHIP**

**FILED**

02 MAY 15 PM 2:15

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJH**

Principal Place of Business <b>8330 WOODFIELD CROSSING BLVD., SUITE 200 P.O. BOX 40177 INDIANAPOLIS IN 46240</b>	Mailing Address <b>8330 WOODFIELD CROSSING BLVD., SUITE 200 P.O. BOX 40177 INDIANAPOLIS IN 46240</b>
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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*45*



**DUE BY MAY 1, 2002**

4. FEI Number <b>59-2202771</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	<b>GLICK, EUGENE B 215 WILLIAMS COURT INDIANAPOLIS IN</b>	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
DOCUMENT #	<b>GLICK, MARILYN K 215 WILLIAMS COURT INDIANAPOLIS IN</b>	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
DOCUMENT #		STREET ADDRESS	<b>900005637009--2</b>
NAME		CITY-ST-ZIP	<b>-05/29/02--01025--006</b>
STREET ADDRESS			<b>*****526.25 *****526.25</b>
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			

CR2E003 (9/01)

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/02 (317) 469-0400  
Date Daytime Phone #