

2000 UNIFORM BUSINESS REPORT (UBR)

10

DOCUMENT # A13170

1. Entity Name

ORANGE PARK ASSOCIATES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP -8 AM 10:02

Principal Place of Business

6400 POWERS FERRY ROAD. N.W.
SUITE 224
ATLANTA, GA 30339

Mailing Address

6400 POWERS FERRY ROAD. N.W.
SUITE 224
ATLANTA, GA 30339



2. Principal Place of Business

3. Mailing Address

c/o Goldstein Realty Group, Inc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1300 Riverplace Blvd., #105

DO NOT WRITE IN THIS SPACE

City & State

City & State
Jacksonville, Florida

4. FEI Number

58-1492727

Applied For

Not Applicable

Zip

Country

Zip

Country

32207

USA

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

DREW MARGOL
GOLDSTEIN REALTY GROUP, INC
1300 RIVERPLACE BLVD STE 105
JACKSONVILLE FL 32207

Name

Barry J. Goldstein

Street Address (P.O. Box Number is Not Acceptable)

Goldstein Realty Group, Inc.

1300 Riverplace Blvd., #105

City

Jacksonville,

FL

Zip Code
32207

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 Barry J. Goldstein (See attached for signature.)

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$960.00

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
KRITZER, CRAIG H.
6400 POWERS FERRY RD 224
ATLANTA GA

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
LEVICK, MARK J.
6400 POWERS FERRY RD 224
ATLANTA GA

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Craig H. Kritzer

9/7/00

(770) 951-6599

Date

Daytime Phone #

CR2E003 (5/00)

(2)

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6400 POWERS FERRY RD 224
ATLANTA GA

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

LEVICK, MARK J.
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SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone -

