

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A13170**

1. Entity Name

ORANGE PARK ASSOCIATES, LTD.

Principal Place of Business

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

Mailing Address

**C/O GOLDSTEIN REALTY GROUP, INC.
1300 RIVERPLACE BLVD., #105
JACKSONVILLE FL 32207**

FILED

01 JAN 19 AM 10:51

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

3. Mailing Address

3753 CARDINAL POINT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DR. SUITE 1

City & State

JACKSONVILLE, FL.

DO NOT WRITE IN THIS SPACE

Zip

Country

32257

USA

4. FEI Number

58-1492727

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BARRY J. GOLDSTEIN
GOLDSTEIN REALTY GROUP, INC
1300 RIVERPLACE BLVD STE 105
JACKSONVILLE FL 32207**

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

Barry J. Goldstein

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

STREET ADDRESS

CITY-ST-ZIP

000003576220--2

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

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:

Barry J. Goldstein
REGISTERED

1/17/01

Date

Daytime Phone #

904-367-0009

CR2E003 (11/00)