

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A13370**

1. Entity Name

**SUNCO PROPERTIES, LTD. VI**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 28 PM 1:25

Principal Place of Business  
**5015 SOUTH FLORIDA AVENUE  
SUITE 200  
LAKELAND FL 33813**

Mailing Address  
**SUNCO PROPERTIES, LTD. VI  
P.O. BOX 5252  
LAKELAND FL 33807**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2247571**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**MCFARLANE, PETER A  
PETER A MCFARLANE P.A.  
5015 SOUTH FLORIDA AVENUE, STE 215  
LAKELAND FL 33813**

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 \_\_\_\_\_  
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. **\$0.00**

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 # **616872**  
NAME **CENTURY REALTY FUNDS INC**  
STREET ADDRESS **5015 SOUTH FLORIDA AVENUE SUITE 200**  
CITY-ST-ZIP **LAKELAND FL**

STREET ADDRESS

CITY-ST-ZIP

**400003351534 - 3  
-08/03/00-01105-023  
\*\*\*\*550.00 \*\*\*\*535.00**

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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: *Kim S. Kelley* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/27/00 863 647 1581  
Date Daytime Phone #

CR2E003 (5/00)