

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A14955

1. Entity Name

CAMBRIDGE SQUARE OF HOLLYWOOD ASSOCIATES, A LIM

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 46240

Mailing Address

P.O. BOX 40177  
INDIANAPOLIS IN 46240-0177

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

35-1571183

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

KARNS, LARRY A  
7332 NW FIFTH ST  
PLANTATION FL 33317

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 #  
NAME SMITH, ANITA S  
STREET ADDRESS 8330 WOODFIELD CROSSING BOULEVARD, STE 200  
CITY - ST - ZIP INDIANAPOLIS IN 46240

STREET ADDRESS

CITY - ST - ZIP

141.25

DOCUMENT #  
NAME BISESI, JAMES T  
STREET ADDRESS 8617 SEAWARD LANE  
CITY - ST - ZIP INDIANAPOLIS IN 46256

STREET ADDRESS

CITY - ST - ZIP

600003257736-7

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

05/18/00 01098-001  
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/21/00

317/469-0400

Date

Daytime Phone #

Anita S. Smith, General Partner

CR2E013 (9/97)