

2001 UNIFORM BUSINESS REPORT (UBR)

0020119 AB

DOCUMENT # **A16986**

1. Entity Name

BLUMBERG CRESTVIEW MOTEL, LTD.

FILED

Principal Place of Business

**2733 ROSS CLARK CIR.
DOTHAN AL 36301**

Mailing Address

**P.O. BOX 5566
DOTHAN AL 36302**

01 APR 23 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

63-0871362

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired. ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PARKER, DAVID KEN
4050 FERDON BLVD.
CRESTVIEW FL 32536**

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.

\$4,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

0

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	BLUMBERG, LARRY G.
STREET ADDRESS	3002 FOXRIDGE RD
CITY-ST-ZIP	DOTHAN AL
DOCUMENT #	
NAME	BLUMBERG, RICHARD H.
STREET ADDRESS	1123 APPIAN WAY CIR
CITY-ST-ZIP	DOTHAN AL
DOCUMENT #	
NAME	
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:

Larry G. Blumberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-17-01

Date

(334) 793-6855
Daytime Phone #

UICR2E003 (11/00)