

2002 UNIFORM BUSINESS REPORT (UBR)

0018822 AB

DOCUMENT # A17409

1. Entity Name
RBL ASSOCIATES, LTD.

FILED

02 APR 19 PM 3: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**C/O KLEIN REALTY GROUP, INC.
1700 MARKET ST. SUITE 2600
PHILADELPHIA PA 19103**

Mailing Address
**C/O KLEIN REALTY GROUP, INC.
1700 MARKET ST. SUITE 2600
PHILADELPHIA PA 19103**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

DUE BY MAY 1, 2002

4. FEI Number **58-1599026**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

OSWALD, KENNETH F
600 COURTLAND STREET, SUITE 110
ORLANDO FL 32804

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 _____ DATE _____

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

9. Capital Contributions as Shown on record. **\$9,400.00**

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 #	G93585	STREET ADDRESS	
NAME	RBL CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	1700 MARKET STREET, 2600		
CITY-ST-ZIP	PHILADELPHIA PA 19103		
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NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
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: *Stephen B. Klein* **SIGNATURE REQUIRED** **Stephen B. Klein** **4/15/02** **215/751-9600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)