

# 2001 UNIFORM BUSINESS REPORT (UBR)

0013138 AF

DOCUMENT # **A17697**

1. Entity Name

**TEN CENTRAL PARK WAY ASSOCIATES LTD.**

**FILED**

**01 FEB 12 AM 11:35**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**2873 E. OCEAN BLVD.  
STUART FL 34986**

Mailing Address

**2873 E. OCEAN BLVD.  
STUART FL 34986**

2. Principal Place of Business

**10 CENTRAL PARKWAY**  
Suite, Apt. #, etc.

3. Mailing Address

**PO BOX 3059**  
Suite, Apt. #, etc.

City & State

**STUART, FL**

City & State

**STUART, FL**

4. FEI Number

**13-3234936**

Applied For

Not Applicable

Zip

**34994**

Country

**USA**

Zip

**34995**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**RYAN, DENNIS**  
**2873 EAST OCEAN BLVD.**  
**STUART FL 34986**

7. Name and Address of New Registered Agent

Name

**RYAN, DENNIS**

Street Address (P.O. Box Number is Not Acceptable)

**815 COLORADO AVE SUITE 101**

City

**STUART**

**FL**

Zip Code

**34994**

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.

**\$1,305,000.00**

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

DOCUMENT # **P20398**  
NAME **E.N.D. CORPORATION**  
STREET ADDRESS **ONE LANDMARK SQUARE, SUITE 1100**  
CITY-ST-ZIP **STAMFORD CT 06901**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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**-02/16/201--01109--002**  
**\*\*\*\*526.25 \*\*\*\*526.25**

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 626, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**Dennis K. Cummings 2/6/01 203-358-5700**

CR2E003 (11/00)