

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A17811

1. Entity Name

SQUARE ASSOCIATES, LIMITED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 31 PM 1:25

Principal Place of Business

Mailing Address

Executive Property Management Group, Inc.
1991 Main Street, Suite 183
Sarasota, FL 34236

2. Principal Place of Business

3. Mailing Address

240 S. Pineapple Avenue
Suite, Apt. #, etc.
10th FloorP. O. Box 49948
Suite, Apt. #, etc.City & State
Sarasota, FL 34236City & State
Sarasota, FL4. FEI Number
59-2437275Applied For
Not ApplicableZip
34236Country
USAZip
34230-6948Country
USA5. 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

DORE, Steve
11345 Main Street
Sarasota, FL 34236Name
BAND, Steven C.Street Address (P.O. Box Number is Not Acceptable)
1991 Main Street

Suite 183

City
SarasotaFL Zip Code
34236

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

Steven C. Band

Registered Agent

4/20/00

9. Capital Contributions
as Shown on record. \$280,000.0010. Amount of Capital Contributions
in FLORIDA to date \$280,000.00A 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
STREET ADDRESS
CITY-ST-ZIP
KAROL, Herbert J.
222 Beach Road
Sarasota, FL 24242STREET ADDRESS
CITY-ST-ZIPDOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
ABEL, Harvey J.STREET ADDRESS
CITY-ST-ZIP
340.S. Palm Avenue, Unit 55
Sarasota, FL 34236DOCUMENT #
NAME
STREET ADDRESS
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CITY-ST-ZIPDOCUMENT #
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NAME
STREET ADDRESS
CITY-ST-ZIPSTREET 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Harvey J. Abel

general Partner

4/25/00

941/366-6660

Date

Daytime Phone

CR2003 (8/99)

100003351501-3
-08/03/00-01105-006

*****\$26.25 *****\$26.25