

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A17811**

1. Entity Name

SQUARE ASSOCIATES, LIMITED

#3562-1

Principal Place of Business

**EXECUTIVE PROPERTY MANAGEMENT GROUP, INC.
1991 MAIN STREET, STE. 183
SARASOTA FL 34236**

Mailing Address

**P.O. BOX 49948
SARASOTA FL 34230-6948**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

APPROVED
AND
FILED
02 APR 29 PM 4:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DUE BY MAY 1, 2002

4. FEI Number **59-2437275**

Applied For
Not Applicable

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

**BAND, STEVEN C
1991 MAIN STREET, STE. 183
SARASOTA FL 34236**

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.

DATE

9. Capital Contributions as Shown on record. **\$280,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$280,000.00**

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 **KAROL, HERBERT J.**
STREET ADDRESS **222 BEACH ROAD**
CITY-ST-ZIP **SARASOTA FL 34242**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME **ABEL, HARVEY J.**
STREET ADDRESS **340 S. PALM AVENUE, UNIT 55**
CITY-ST-ZIP **SARASOTA FL 34236**

STREET ADDRESS

CITY-ST-ZIP

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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:

Harvey Abel
Harvey Abel, General Partner 4/12/02 (941) 366-6660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

0015438
AT