

# 2000 UNIFORM BUSINESS REPORT (UBR)

0019075 AB

**DOCUMENT # A18561**

1. Entity Name  
**SURWAY ASSOCIATES LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -1 PM 1:33

Principal Place of Business  
1850 N. CENTRAL AVE. MS 1129  
PHOENIX AZ 85004-4527

Mailing Address  
1850 N. CENTRAL AVE. MS 1129  
PHOENIX AZ 85004-4527



2. Principal Place of Business  
**4800 N. SCOTTSDALE RD.**  
Suite, Apt. #, etc.  
**MS 4E85**

3. Mailing Address  
**4800 N. SCOTTSDALE RD.**  
Suite, Apt. #, etc.  
**MS 4E85**

DO NOT WRITE IN THIS SPACE

City & State  
**SCOTTSDALE, AZ 85251**

City & State  
**SCOTTSDALE, AZ 85251**

Zip Country  
Country

4. FEI Number  
**13-3267920**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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 \_\_\_\_\_  
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. **\$254,569.80**

10. Amount of Capital Contributions in FLORIDA to date. **-1,270,273**

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 STREET ADDRESS CITY - ST - ZIP	<b>827075 FINOVA CAPITAL CORPORATION 1850 N CENTRAL AVE., M.S. 1129 PHOENIX AZ 85002-2209</b>	STREET ADDRESS CITY - ST - ZIP	<b>4800 N. SCOTTSDALE RD. SCOTTSDALE, AZ 85251</b>
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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: *V. D. Ciancola*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

V. D. Ciancola  
Asst. Secretary

4/26/00 480-636-6668  
Date Daytime Phone #