

# 2002 UNIFORM BUSINESS REPORT (UBR)

# 141,25

0008074 AT

DOCUMENT # **A19038**

1. Entity Name

**UNITED FINANCIAL GROUP - 85, LTD.**

FILED

02 MAR 25 PM 12:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**MJH**



Principal Place of Business  
**1133 LOUISIANA AVE., STE. 200  
WINTER PARK FL 32789**

Mailing Address  
**P.O. BOX 941313  
225 S. SWOOPE AVE.  
MAITLAND FL 32794**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State

4. FEI Number **59-2503970**

Applied For  
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent  
**KAPLAN, HAROLD J.  
453 FLETCHER PLACE  
WINTER PARK FL 32789**

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. **\$3,000.00**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	<b>F26156</b>	STREET ADDRESS	
NAME	<b>UNITED FINANCIAL GROUP</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>1133 LOUISIANA AVE., STE. 200</b>		
CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>		
DOCUMENT #		STREET ADDRESS	
NAME	<b>KAPLAN, HAROLD J.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>453 FLETCHER PLACE</b>		
CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>		
DOCUMENT #		STREET ADDRESS	
NAME	<b>BIERMAN, ARNOLD J.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>1110 W. IVANHOE BLVD.# 30</b>		
CITY-ST-ZIP	<b>ORLANDO FL 32804</b>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

**5000005190805--6**  
**-04/04/02--01015--018**  
**\*\*\*\*141.25 \*\*\*\*141.25**

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 620, Florida Statutes

SIGNATURE: **Harold J. Kaplan** **3-12-02** **407 628 8444**

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

STAPLE CHECK HERE

CR2E003 (9/01)