

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A20042

1. Entity Name  
EXPRESSWAY EAST, LTD.

Principal Place of Business  
~~P.O. BOX 1748~~  
WINTER PARK FL 32790-1748

Mailing Address  
P.O. BOX 1748  
WINTER PARK FL 32790-1748

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 29 AM 10:41



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
2479 Aloma Ave  
Suite, Apt. #, etc.

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

City & State  
WINTER PARK, FL

City & State

4. FEI Number 59-2538346

Applied For  
Not Applicable

Zip  
32792

Country

Zip

Country

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

## 6. Name and Address of Current Registered Agent

GARDNER, ROBERT N.  
2479 ALOMA AVE.  
WINTER PARK FL 32792

## 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. \$6,151,703.00

10. Amount of Capital Contributions in FLORIDA to date. 4,959,000.00

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

DOCUMENT # G92358900030  
NAME CONDEV ASSOCIATES, LLP  
STREET ADDRESS 2487 ALOMA AVE.  
CITY - ST - ZIP WINTER PARK FL 32792

DOCUMENT #  
NAME  
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CITY - ST - ZIP

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NAME  
STREET ADDRESS  
CITY - ST - ZIP

## 13. ADDRESS CHANGES ONLY

STREET ADDRESS

2479 ALOMA

CITY - ST - ZIP

WINTER PARK, FL 32792

STREET ADDRESS

CITY - ST - ZIP

2/3/00

STREET ADDRESS

CITY - ST - ZIP

000003163420-1  
-03/14/00--01102--007  
\*\*\*\*526.25 \*\*\*\*526.25

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/23/00 (407) 679-1748  
Date Daytime Phone #

CR2E003 (9/99)