

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A20864**

1. Entity Name

MASSACHUSETTS AVENUE, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 23 PM 1:29



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2739 US HWY 19, STE. 201
HOLIDAY FL 34691

Mailing Address

P.O. BOX 2108
ELFERS FL 34680-2108

2. Principal Place of Business

8801 RIVER CROSSING BLVD
Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 2108
Suite, Apt. #, etc.

City & State

NEW PORT RICHEY

City & State

ELFERS

4. FEI Number

59-2589078

Applied For

Not Applicable

Zip

Country

34655

USA

Zip

Country

34680-2108

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRASHER, C. JOHN

2739 US HWY 19, STE. 201
HOLIDAY FL 34691

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

8801 RIVER CROSSING BLVD.

City

NEW PORT RICHEY

FL

Zip Code

34655

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.

\$92,745.04

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

DOCUMENT # H77213
NAME MASSACHUSETTS AVE INC
STREET ADDRESS 6709 RIDGE ROAD, SUITE 200
CITY-ST-ZIP PORT RICHEY FL 34668

13. ADDRESS CHANGES ONLY

STREET ADDRESS 8801 RIVER CROSSING BLVD.
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #