

2000 UNIFORM BUSINESS REPORT (UBR)

CR2E003 (9/99)

DOCUMENT # **A21192**

1. Entity Name

ST. LUCIE PLAZA ASSOCIATES, LTD.

-FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 17 AM 11:36



DO NOT WRITE IN THIS SPACE

Principal Place of Business

C/O ST. LUCIE PLAZA, INC.
ONE BRIGHTWOOD LANE
BEDMINSTER NJ 07921

Mailing Address

%C&F ASSOCIATES
ONE BRIGHTWOOD LANE
BEDMINSTER NJ 07921-1718

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-2666727

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

HITE, JOE
704 ANITA ST.
FT PIERCE FL 34982

7. Name and Address of New Registered Agent

Name **JOSEPH HITE**

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

481 N.W. RIVERSIDE DRIVE

City **PORT ST LUCIE**

FL

Zip Code **34983**

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.

\$2,374,164.00

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

DOCUMENT # **P97000038322**
NAME **ST. LUCIE PLAZA, INC.**
STREET ADDRESS **ONE BRIGHTWOOD LANE**
CITY - ST - ZIP **BEDMINSTER NJ 07921**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

300003155893--2

CITY - ST - ZIP

-03/03/00--01015--020

*******526.25 *****526.25**

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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:

ST LUCIE PLAZA ASSOCIATES LTD
BY: ST LUCIE PLAZA, INC.
SIGNATURE REQUIRED
FRANK MARTINO

02/14/00

Date

Daytime Phone #

908-781-1066