

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0017842 AB

DOCUMENT # **A21192**

1. Entity Name  
**ST. LUCIE PLAZA ASSOCIATES, LTD.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JAN 17 PM 1:07

*ld*  
*Y/22*

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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

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

7. Name and Address of New Registered Agent

**HTE, JOSEPH  
481 N.W. RIVERSIDE DRIVE  
PORT ST. LUCIE FL 34983**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

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

STREET ADDRESS

CITY-ST-ZIP

**100010100071**  
**01/17/03--01023--011 \*\*526.25**

DOCUMENT #  
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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**  
**BY ST. LUCIE PLAZA INC**  
**REQUIRED**

SIGNATURE AND TITLE OF GENERAL PARTNER SIGNING GENERAL PARTNER

**1/10/03 908-781-1066**

Date

Daytime Phone #

CR2E003 (10/02)