

# 2000 UNIFORM BUSINESS REPORT (UBR)

009978 AF

**DOCUMENT # A22675**

1. Entity Name  
**HOME DEPOT PLAZA ASSOCIATES, LTD.**

**FILED**

**00 APR 27 PM 1:42**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>5858 CENTRAL AVENUE ST. PETERSBURG FL 33707</b>	Mailing Address <b>P.O. BOX 41847 ST. PETERSBURG FL 33743-1847</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-2708250</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>SHER, CRAIG H 5858 CENTRAL AVENUE ST. PETERSBURG FL 33707</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code		
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$744,485.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>\$604,485.00</b>	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 # NAME STREET ADDRESS CITY - ST - ZIP	<b>V25013 SEMBLER ENTERPRISES, INC. 5858 CENTRAL AVENUE ST. PETERSBURG FL</b>	STREET ADDRESS	
		CITY - ST - ZIP	Zip Code = 33707
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
		CITY - ST - ZIP	
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		CITY - ST - ZIP	

**800003247188-2**  
-05/10/00--01098--027  
\*\*\*\*535.00 \*\*\*\*535.00

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:** *Craig H. Sher* **SIGNATURE REQUIRED** Craig H. Sher, President *4/26/2000* 727-384-6000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Sembler Enterprises, Inc. Daytime Phone #

CR2E003 (9/99)