

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A22831**

1. Entity Name  
**KEYSTONE PLAZA, LTD.**

FILED

00 FEB -7 PM 4: 16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>8001 N. DALE MABRY HIGHWAY SUITE 101-A TAMPA FL 33614</b>	Mailing Address <b>8001 N. DALE MABRY HIGHWAY SUITE 101-A TAMPA FL 33614-3262</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **59-2687632** | Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**WEGMAN ASSOCIATES, INC.  
8001 NORTH DALE MABRY HWY.  
SUITE 101-A  
TAMPA FL 33614**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$755,000.00**

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 #	<b>675439</b>
NAME	<b>WEGMAN ASSOCIATES, INC.</b>
STREET ADDRESS	<b>8001 N. DALE MABRY HWY.</b>
CITY - ST - ZIP	<b>TAMPA FL</b>
DOCUMENT #	<b>H95225</b>
NAME	<b>THE GEORGE W. LACKEY CO.</b>
STREET ADDRESS	<b>8001 N. DALE MABRY HWY.</b>
CITY - ST - ZIP	<b>TAMPA FL</b>
DOCUMENT #	
NAME	<b>BITTMANN, CHRIS</b>
STREET ADDRESS	<b>8001 N. DALE MABRY HWY.</b>
CITY - ST - ZIP	<b>TAMPA FL</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	

**600003128486--6**  
**-02/08/00--01130--018**  
**\*\*\*\*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 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

2-2-2000

813-933-7418

Date Daytime Phone #