

2002 UNIFORM BUSINESS REPORT (UBR)

0013553 A1

DOCUMENT # **A22831**

1. Entity Name
KEYSTONE PLAZA, LTD.

FILED
2002 FEB 26 PM 5:12
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



| | |
|---|---|
| Principal Place of Business 8001 N. DALE MABRY HIGHWAY SUITE 101-A TAMPA FL 33614 | Mailing Address 8001 N. DALE MABRY HIGHWAY SUITE 101-A TAMPA FL 33614 |
|---|---|

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

DUE BY MAY 1, 2002

| | |
|---|---------------------------------------|
| 4. FEI Number 59-2687632 | Applied For |
| | Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$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 *[Signature]* DATE _____

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

| | | |
|---|--|--|
| 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 # | 675439 |
| NAME | WEGMAN ASSOCIATES, INC. ADM. & MANG. G/P |
| STREET ADDRESS | 8001 N. DALE MABRY HWY. |
| CITY-ST-ZIP | TAMPA FL |
| DOCUMENT # | H95225 |
| NAME | THE GEORGE W. LACKEY CO. |
| STREET ADDRESS | 8001 N. DALE MABRY HWY. |
| CITY-ST-ZIP | TAMPA FL |
| DOCUMENT # | |
| NAME | BITTMANN, CHRIS |
| STREET ADDRESS | 8001 N. DALE MABRY HWY. |
| CITY-ST-ZIP | TAMPA FL |
| 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 | 100005041741--8 -03/04/02--01106--012 ***535.00 ***535.00 |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
| CITY-ST-ZIP | SL |
| 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: *[Signature]* **W. J. Wegman, Jr.** 2/18/02 (813) 933-7418

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)