

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0015864  
AT

DOCUMENT # **A22840**

1. Entity Name

**INTERSECTION 200/484, LTD.**

02 APR -9 AM 10:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

**2801 S.W. COLLEGE RD.  
UNIT 18  
OCALA FL 34474**

Mailing Address

**P.O. BOX 5130  
OCALA FL 34478-5130**



2. Principal Place of Business  
**2400 SW 21 Circle**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State  
**Ocala FL**

City & State

4. FEI Number  
**59-2690556**

Applied For  
Not Applicable

Zip  
**34474**

Country  
**USA**

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

**GLASSMAN, JEROME E.  
2801 SW COLLEGE RD.  
#18  
OCALA FL 34474**

Name  
**Jerome Glassman**

Street Address (P.O. Box Number is Not Acceptable)  
**2400 SW 21 Circle**

City  
**Ocala**

**FL**

Zip Code  
**34474**

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 **Jerome Glassman** **04/04/2002**  
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record **\$1,468,743.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$1,468,743.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**GLASSMAN, JEROME E.  
2801 SW COLLEGE RD. #18  
OCALA FL**

STREET ADDRESS  
CITY-ST-ZIP  
**2400 SW 21 Circle  
Ocala FL 34474**

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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 **Jerome Glassman** **04/04/2002** **352/237-1186**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)

STAPLE HERE