

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0013950 AT

DOCUMENT # **A23603**

1. Entity Name
BASCO ASSOCIATES LIMITED PARTNERSHIP NO. 2



FILED

03 MAY 12 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**1073 PINELLAS BAYWAY
TIERRA VERDE FL 33715**

Mailing Address
**1073 PINELLAS BAYWAY
TIERRA VERDE FL 33715**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number **54-1160821**

Applied For

Not Applicable

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

HIGH PINES REALTY CORP.

5400 LAKE WORTH RD. SUITE 311

LAKE WORTH FL 33463

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.

900016220769
04/17/03--01060--024 **182.55
DATE

9. Capital Contributions
as Shown on record. **\$13,400.00**

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 #
NAME **HALE, C. JARED**
STREET ADDRESS **1073 PINELLAS BAYWAY**
CITY-ST-ZIP **TIERRA VERDE FL 33715**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME **PINKSTON, CLYDE A.**
STREET ADDRESS **6345 N. 19TH STREET**
CITY-ST-ZIP **PHOENIX AZ 85016**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME **DEHART, FREDA P.**
STREET ADDRESS **7535 LITTLE RIVER TURNPIKE**
CITY-ST-ZIP **ANNANDALE VA 22003**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME **GUTHRIE, PEGGY**
STREET ADDRESS **7535 LITTLE RIVER TURNPIKE**
CITY-ST-ZIP **ANNANDALE VA 22003**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME **GLASS, DOYLE H.**
STREET ADDRESS **7535 LITTLE RIVER TURNPIKE**
CITY-ST-ZIP **ANNANDALE VA 22003**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-30-03

727-865-6438

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE