

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A24313**

1. Entity Name

PINE RIDGE ASSOCIATES II, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 FEB 29 PM 12:52



DO NOT WRITE IN THIS SPACE

Principal Place of Business
C/O NDC REALTY INVESTMENTS, INC.
4415 FIFTH AVE.
PITTSBURGH PA 15213

Mailing Address
C/O NDC REALTY INVESTMENTS, INC.
4415 FIFTH AVE.
PITTSBURGH PA 15213-2654

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

4. FEI Number **59-2791317**
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ANSBACHER, LEWIS
4215 SOUTHPPOINT BLVD,
SUITE 100
JACKSONVILLE FL 32216

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

9. Capital Contributions as Shown on record. **\$378,707.00**
10. Amount of Capital Contributions in FLORIDA to date. **0.00**
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 #	H34759	STREET ADDRESS	STREET ADDRESS		
NAME	WESTCO MANAGEMENT, INC.	CITY - ST - ZIP	CITY - ST - ZIP		
STREET ADDRESS	4415 FIFTH AVE.				
CITY - ST - ZIP	PITTSBURGH PA				
DOCUMENT #	P31335	STREET ADDRESS	STREET ADDRESS		
NAME	NDC REALTY INVESTMENTS, INC.	CITY - ST - ZIP	CITY - ST - ZIP		
STREET ADDRESS	4415 FIFTH AVE.				
CITY - ST - ZIP	PITTSBURGH PA				
DOCUMENT #		STREET ADDRESS	STREET ADDRESS		
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NAME		CITY - ST - ZIP	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: **DIANE C. CONNER, U.P. WESTCO MANAGEMENT, INC.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Date **2-23-00** Daytime Phone # **412-578-7800**

CR2E003 (9/99)