

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A25101

1. Entity Name

NPR ASSOCIATES LIMITED PARTNERSHIP

Principal Place of Business

6014 US HWY. 19, SUITE 101  
NEW PORT RICHEY FL 34652

Mailing Address

6014 US HWY. 19, SUITE 101  
NEW PORT RICHEY FL 34652-2535

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

59-2838591

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

WINSLOW, ROBERT

6014 US 19

SUITE 101

NEW PORT RICHEY FL 34652

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions  
as Shown on record.

\$419,748.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P11288  
NAME VHI DEVELOPMENT CORP.  
STREET ADDRESS 700 N. WATER ST. #515  
CITY - ST - ZIP MILWAUKEE WI

STREET ADDRESS

CITY - ST - ZIP

600003289406--9

06/14/00 01030-019

\*\*\*\*526.25 \*\*\*\*526.25

DOCUMENT # P96000073976  
NAME BOBALKIM CORP.  
STREET ADDRESS 1177 LOUISIANA AVENUE, SUITE 206  
CITY - ST - ZIP WINTER PARK FL 32789

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED

00 MAY 10 PM 4:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

407

4-13-00

647-7577