

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A25252**

1. Entity Name

BRANCH-WINTER PARK ASSOCIATES, LTD.

Principal Place of Business

400 COLONY SQUARE, SUITE 1630
ATLANTA GA 30361

Mailing Address

C/O JON C. YERGLER, ESQ.
P.O. BOX 2809
ORLANDO FL 32802-2809

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 24 AM 3:05



2. Principal Place of Business

C/O MINERVA REAL ESTATE INV.

3. Mailing Address

Suite, Apt. #, etc.

4401 NORTHSIDE PKWY SPC 260

City & State

ATLANTA, GA

Zip

Country
USA

Zip

Country

4. FEI Number

58-1751759

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

YERGLER, JON C.
LOWNDES, DROSDICK, DOSTER, KANTOR & REED
215 NORTH EOLA DRIVE
ORLANDO FL 32802

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$800,000.00

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 # A22711
NAME BA ASSOCIATES, LTD.
STREET ADDRESS 1201 PEACHTREE ST.N.E.
CITY - ST - ZIP ATLANTA GA

DOCUMENT # A25025
NAME BA DUTCH ASSOCIATES, LTD
STREET ADDRESS 1201 PEACHTREE ST. N.E.
CITY - ST - ZIP ATLANTA GA

DOCUMENT # A25356
NAME COLONY REALTY PARTNERS 1986 LP
STREET ADDRESS 1201 PEACHTREE STREET NE
CITY - ST - ZIP ATLANTA GA

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

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

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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

Date

Daytime Phone #

CR2E003 (9/99)