

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A25252**

1. Entity Name

BRANCH-WINTER PARK ASSOCIATES, LTD.

Principal Place of Business

C/O MINERVA REAL ESTATE INV.
4401 NORTHSIDE PKWY. #260
ATLANTA GA 30327

Mailing Address

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

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

58-1751759

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

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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: *Kevin H. Lee, Richard H. Lee, VP & GP*

FILED

01 MAY 30 PM 12:16

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE