

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A25691**

1. Entity Name

PDI ORLANDO III LIMITED PARTNERSHIP

Principal Place of Business

C/O PIZZUTI DEVELOPMENT, INC.
250 EAST BROAD STREET, SUITE 1900
COLUMBUS OH 43215

Mailing Address

C/O PIZZUTI DEVELOPMENT, INC.
250 EAST BROAD STREET, SUITE 1900
COLUMBUS OH 43215-3770

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
00 APR 12 AM 10:42

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

31-1225747

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIMBACK, KENNETH P
255 S. ORANGE AVENUE, SUITE 1350
ORLANDO FL 32801

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.

\$1,178,215.00 **O**

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 # **P03309**
NAME **PIZZUTI DEVELOPMENT INC.**
STREET ADDRESS **250 EAST BROAD STREET, SUITE 1900**
CITY - ST - ZIP **COLUMBUS OH**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

400003205364--3

-04/12/00--01027--004

******193.75 ****141.25**

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

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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

James P. Cramer, Treasurer

4/3/00

Date

Daytime Phone #

CR2E003 (9/99)