

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A25692**

1. Entity Name

**POST OFFICE ASSOCIATES, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 10 PM 1:59

Principal Place of Business

1937 GOLF STREET  
SARASOTA FL 34236

Mailing Address

1937 GOLF STREET  
SARASOTA FL 34236-6907

2. Principal Place of Business

200 S Washington Blvd

3. Mailing Address

200 S. Washington Blvd

Suite, Apt. #, etc.

Suite 8

Suite, Apt. #, etc.

Suite 8

City & State

Sarasota, FL

City & State

Sarasota, FL

4. FEI Number

65-0023883

Applied For

Not Applicable

Zip

34236

Country

USA

Zip

34236

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

OLIVIERI, N.J.

1937 GOLF STREET 200 S. Washington Blvd, Suite 8  
SARASOTA FL 34236

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.

\$46,000.00

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 #

NAME

STREET ADDRESS

CITY - ST - ZIP

OLIVIERI, N.J.

1937 GOLF STREET 200 S. Washington Blvd, Suite 8  
SARASOTA FL 34236

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

P97000075245

BAND FAMILY PARTNERSHIP, LTD  
240 S. PINEAPPLE AVENUE, 10TH FLOOR  
SARASOTA FL 34236

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

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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 form 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 #

001497

CR2E003 (9/99)