

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A26376**

1. Entity Name

POND APPLE CREEK ASSOCIATES LIMITED PARTNERSHIP

Principal Place of Business

**6515 GRAND TETON PLAZA
STE 210
MADISON WI 53719**

Mailing Address

**6515 GRAND TETON PLAZA
STE 210
MADISON WI 53719-1048**

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

39-1577626

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

**PLESKO, E J
C/O POND APPLE CREEK
2449 SW 18TH TERR
FT. LAUDERDALE FL 33315**

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.

\$2,000,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **507607**
NAME **E.J. PLESKO & ASSOCIATES, INC.**
STREET ADDRESS **6515 GRAND TETON PLAZA, SUITE 210**
CITY - ST - ZIP **MADISON WI 53719**

STREET ADDRESS **6515 Grand Teton Plaza, Ste. 300**
CITY - ST - ZIP **Madison, WI 53719**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP
6515 Grand Teton Plaza, Ste. 300
-03/14/00--01120--027
*****535.25 ***535.25**
535.00 535.00

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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Plesko & Assoc. Inc

1-13-00

(608) 833-7600

Date

Daytime Phone #

C.R2F003 (9/99)