

2001 UNIFORM BUSINESS REPORT (UBR)

0000001 AB

DOCUMENT # **A26951**

1. Entity Name

PDI ST. LUCIE I 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**

FILED

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY SEPTEMBER 26, 2001

City & State

City & State

4. FEI Number **31-1250342**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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.

\$2,814,583.00

10. Amount of Capital Contributions in FLORIDA to date.

- 0 -

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

STREET ADDRESS

CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

SIGNATURE REQUIRED
James P. Craver 7/9/01 614.280.4000

CP2E003 (5/01)