

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A28065**

1. Entity Name

**INDEPENDENCE COURT OF ORMOND BEACH ASSOCIATES, L
TD.**

Principal Place of Business

**PERIDOT PLACE/INDEPENDENCE COURT
535 N. NOVA RD.
ORMOND BEACH FL 32174**

Mailing Address

**PERIDOT PLACE/INDEPENDENCE COURT
311 CASTLE SHANNON BLVD.
PITTSBURGH PA 15234**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 MAY -7 PM 3:18



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

59-2932803

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

**ANSBACHER, LEWIS
5150 BELFORT ROAD, BLDG. 100
JACKSONVILLE FL 32256**

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.

DATE

9. Capital Contributions
as shown on record.

\$1,211,921.00

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 # **F96000004992**
NAME **PERIDOT ENTERPRISES, INC.**
STREET ADDRESS **311 CASTLE SHANNON BLVD.**
CITY-ST-ZIP **PITTSBURGH PA 15234**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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

4/26/02 **412 341 4500**

Date

Daytime Phone

CR2E003 (9/01)