

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A28667**

1. Entity Name

TV PARK, LTD.

FILED

00 MAY 15 PM 4:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
1320 OLD CHAIN BRIDGE RD.  
STE. #435  
MCLEAN VA 22101  
US

Mailing Address  
1320 OLD CHAIN BRIDGE RD.  
STE. #435  
MCLEAN VA 22101-3945  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0145178

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

STEINBACH, BRADLEY  
PALM BEACH TOWERS  
44 COCOANUT ROW, STE. T10  
PALM BEACH FL 33490

Name  
Wayne Kelly

Street Address (P.O. Box Number is Not Acceptable)

c/o Tanglewood Village

1060 US #1 SW #2

City  
Vero Beach

FL

Zip Code  
32962

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 Wayne Kelly

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/13/2000

DATE

9. Capital Contributions  
as Shown on record.

\$900,000.00

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 # L03775  
NAME TV PARK, INC.  
STREET ADDRESS 107G3 HALF MOON CIRCLE  
CITY - ST - ZIP HYPOLUXO FL

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS

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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 #

CR2E003 (9/99)