

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A31091**

1. Entity Name

BCK VENTURES-1991, LTD.

FILED

00 APR 10 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

ONE SOUTH ORANGE AVE
FIFTH FLOOR
ORLANDO FL 32801

Mailing Address

ONE SOUTH ORANGE AVE
FIFTH FLOOR
ORLANDO FL 32801-2619

2. Principal Place of Business

1900 Summit Tower Blvd.
Suite 130
Orlando, FL 32810

3. Mailing Address

1900 Summit Tower Blvd.
Suite 130
Orlando, FL 32810

DO NOT WRITE IN THIS SPACE

EI Number

59-3044897

Applied For

Not Applicable

Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KATZEN, MARC
1 SOUTH ORANGE AVENUE, FIFTH FLOOR
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

Str 1900 Summit Tower Blvd.

Suite 130

City

Orlando, FL 32810

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office

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.

\$340,000.00

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 # **P35531**
NAME **BCK ACQUISITION, LTD.**
STREET ADDRESS **ONE SOUTH ORANGE AVE., FIFTH FLOOR**
CITY - ST - ZIP **ORLANDO FL 32801**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

1900 Summit Tower Blvd.

CITY - ST - ZIP

Suite 130

Orlando, FL 32810

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 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

Date

Daytime Phone #

3/10/00

407-206-2000

CR2E003 (9/99)