

2001 UNIFORM BUSINESS REPORT (UBR)

0013637 AF

DOCUMENT # **A31354**

1. Entity Name

OCALA SHOPPING CENTER ASSOCIATES, LTD.

Principal Place of Business

**351 SOUTH CYPRESS RD., #316
POMPANO BEACH FL 33060**

Mailing Address

**351 SOUTH CYPRESS RD., #316
POMPANO BEACH FL 33060**

FILED
01 JAN 25 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten Signature]



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2913 Via Napoli

Suite, Apt. #, etc.

3. Mailing Address

2913 Via Napoli

Suite, Apt. #, etc.

City & State

Deerfield Beach, FL

Zip
33442

Country
USA

City & State

Deerfield Beach, FL

Zip
33442

Country
USA

4. FEI Number

65-0249909

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VON STEIN, CHARLES H.

**351 SOUTH CYPRESS ROAD, SUITE 316
POMPANO BEACH FL 33060**

7. Name and Address of New Registered Agent

Name

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

2913 Via Napoli

City

Deerfield Beach

FL

Zip Code

33442

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

[Handwritten Signature: Charles H. Von Stein]

Charles H. Von Stein

January 16, 2001

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.

\$90,000.00

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 #

NAME

VON STEIN, CHARLES H.

STREET ADDRESS

351 SOUTH CYPRESS RD

CITY-ST-ZIP

POMPANO BEACH FL 33060

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

2913 Via Napoli

CITY-ST-ZIP

Deerfield Beach, FL 33442

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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:

[Handwritten Signature: Charles H. Von Stein]

1-16-01

954-491-6844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)