

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A31434**

1. Entity Name

ANCHOR I ASSOCIATES, LTD.

FILED

00 JAN 18 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

50 SOUTH MERIDIAN STREET, SUITE 202
INDIANAPOLIS IN 46204

Mailing Address

50 SOUTH MERIDIAN STREET, SUITE 202
INDIANAPOLIS IN 46204-3537

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

35-1747465

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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.

\$100.00

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 **DUNCAN, MICHAEL D.**
STREET ADDRESS **50 S MERIDIAN ST #202**
CITY - ST - ZIP **INDIANAPOLIS IN**

DOCUMENT #
NAME **OST, FRED A, JR.**
STREET ADDRESS **50 S MERIDIAN ST #202**
CITY - ST - ZIP **INDIANAPOLIS IN**

DOCUMENT #
NAME **MONTRIE, WILLIAM L.**
STREET ADDRESS **50 S MERIDIAN ST #202**
CITY - ST - ZIP **INDIANAPOLIS IN**

DOCUMENT #
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
CITY - ST - ZIP **46204**

STREET ADDRESS
CITY - ST - ZIP **46204**

STREET ADDRESS
CITY - ST - ZIP **46204**

STREET ADDRESS
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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, 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

01/10/2000 317/638-3900

Date

Daytime Phone #