

A 31610

STATE OF FLORIDA  
OFFICE OF THE COMPTROLLER  
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State Treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section \_\_\_\_\_\*, Florida Statutes, I hereby apply for a refund of moneys I paid into the State Treasury, which are subject to refund. The following information is submitted to substantiate the claim.

THE INFORMATION IN THIS BOX WILL BE USED TO WRITE AND MAIL YOUR REFUND CHECK. PLEASE TYPE OR PRINT LEGIBLY.

Name: Berkeley Marina Associates Limited EIN or SS#: 34-1682358  
PARTNERSHIP

Address: 50 Public Square, Suite 1500  
Cleveland, OH 44113-2258

Amount: \$52.50 Date Paid: \_\_\_\_\_

Reason for Claim: Duplicate filing for BERKELEY MARINA ASSOCIATES LIMITED PARTNERSHIP  
(A31610)

Registration Section/Diane Cushing

Certified true and correct this 26<sup>th</sup> day of February, 1997  
By: Bryan Berkeley, Inc., General Partner  
By Signature: [Signature]  
DALL A. O'NEIL, TREASURER

\* Must be completed if authority is other than Section 215.26, Florida Statutes.

**Do Not Write in This Box - For Agency Use Only**

Agency recommends approval of above claim and submits the following information to substantiate the claim:  
Amount of recommended refund \$ 52.50  
The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on

State Treasurer's Receipt No. 01029 002 dated 02/19/97

NAME OF ACCOUNT: \_\_\_\_\_  
45202130001453000000000010000

Statutory Authority for Collection 620.0182  
It is requested that payment be made from the following account:

NAME OF ACCOUNT: \_\_\_\_\_  
45202130001453000000022002000

Certified true and correct this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_.

Department of State, Division of Corporations \_\_\_\_\_  
(Agency) (Authorized Agency Signature and Title)