

# 2000 UNIFORM BUSINESS REPORT (UBR)

0013908 AF

**DOCUMENT # A31654**  
 1. Entity Name  
**JDRP - MLB ASSOCIATES, L.P., LTD.**

**FILED** *LR 4/20*  
**00 APR 12 PM 3:32**  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address  
 C/O THE PETER LAWRENCE GROUP C/O THE PETER LAWRENCE GROUP  
 4710 EISENHOWER BLVD., SUITE C-1 4710 EISENHOWER BLVD., SUITE C-1  
 TAMPA FL 33634 TAMPA FL 33634-6334



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 **59-3074165** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**ABRAMS, ALLAN**  
**4710 EISENHOWER BLVD**  
**SUITE C-1**  
**TAMPA FL 33634-6334**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$406,628.00** 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 #	<b>P34318</b>
NAME	<b>MLB 91 CORP.</b>
STREET ADDRESS	<b>4710 EISENHOWER BLVD.</b>
CITY - ST - ZIP	<b>TAMPA FL</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

MLB '91 Corp. GP  
**SIGNATURE:** *[Signature]* **SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER**  
 Date **4-5-00** Daytime Phone # **813-889-8899**