

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A31762

1. Entity Name
NEWBERRY CROSSING, LTD.

FILED

00 MAR 27 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1733 W. FLETCHER AVE.
TAMPA FL 33612

Mailing Address
% RMC REALTY COMPANIES, LTD.
1733 W. FLETCHER AVE
TAMPA FL 33612-1820

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country

4. FEI Number 59-3080389
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WALTERS, CLIFFORD L
802 11TH STREET WEST
BRADENTON FL 34205

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$2,434,429.00
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			13. ADDRESS CHANGES ONLY	
DOCUMENT #	J11316	STREET ADDRESS	STREET ADDRESS	
NAME	RJ EQUITIES, INC.	CITY - ST - ZIP	CITY - ST - ZIP	
STREET ADDRESS	880 CARILLON PARKWAY			
CITY - ST - ZIP	ST. PETERSBURG FL 33733			
DOCUMENT #	P95000031186	STREET ADDRESS	STREET ADDRESS	
NAME	CPS CONTRACT PROPERTY SERVICES, INC.	CITY - ST - ZIP	CITY - ST - ZIP	
STREET ADDRESS	1733 W. FLETCHER AVE.			
CITY - ST - ZIP	TAMPA FL 33612			
DOCUMENT #		STREET ADDRESS	STREET ADDRESS	
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NAME		CITY - ST - ZIP	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 820, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/13/00

Date

813-960-8154

Daytime Phone #

CR2E003 (9/99)