

2000 UNIFORM BUSINESS REPORT (UBR)

0020405 A3

DOCUMENT # **A31936**

1. Entity Name

BRADENTON-SIMPSON LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 29 PM 12:52

Principal Place of Business

700 N. FAIRFAX STREET
SUITE 300
ALEXANDRIA VA 22314

Mailing Address

P.O. BOX 430
ALEXANDRIA VA 22313-0430



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2121 Eisenhower Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite 300

City & State

Alexandria, VA 22314

City & State

4. FEI Number

54-1607393

Applied For

Not Applicable

Zip

22314

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREENE, ROBERT F.

1301 SIXTH AVENUE WEST
BRADENTON FL 34205

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.

\$2,187,500.00

10. Amount of Capital Contributions
in FLORIDA to date.

2,165,625

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 # **S90509**
NAME **BRADENTON-SIMPSON, INC.**
STREET ADDRESS **700 N. FAIRFAX STREET**
CITY - ST - ZIP **ALEXANDRIA VA 22314**

STREET ADDRESS **2121 Eisenhower Avenue, Suite 300**
CITY - ST - ZIP **Alexandria, VA 22314**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
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 620, Florida Statutes

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

KAHAN

2/25/00

(703) 299-0029

Date

Daytime Phone #

CR2E(03/19/99)