

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A32783

3683-1/VP

1. Entity Name

ORANGE AVENUE ASSOCIATES OF SARASOTA, LTD.

FILED

00 MAY -J PM 4: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

240 SOUTH PINEAPPLE AVE.
10TH FLOOR
SARASOTA FL 34236

Mailing Address

240 SOUTH PINEAPPLE AVE.
10TH FLOOR
SARASOTA FL 34236-6717

2. Principal Place of Business

3. Mailing Address

P. O. Box 49948

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Sarasota, FL

4. FEI Number

65-0327532

Applied For

Not Applicable

Zip

Country

Zip

Country

34230-6948

USA

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

BAND, STEVEN C
1991 MAIN ST, SUITE 183
SARASOTA FL 34236

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 authorized representative

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

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 # V26100
NAME BC FINANCIAL, INC.
STREET ADDRESS 240 S. PINEAPPLE AVE.
CITY - ST - ZIP SARASOTA FL

STREET ADDRESS

CITY - ST - ZIP

700003247617--1

-05/11/00--01015--015

****578.75 ****526.25

DOCUMENT #
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STREET ADDRESS
CITY - ST - ZIP

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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

David S. Band, Director

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DM DINANCIAL, INC.,

Florida corporation

general partner

4/20/00

941/366-6660

Date

Daytime Phone #

CR2E003 19/99