

2001 UNIFORM BUSINESS REPORT (UBR)

0012266 AF

DOCUMENT # **A33262**

1. Entity Name

STATE ROAD 200 ASSOCIATES, LTD.

FILED

01 APR -4 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

P.O. BOX 740180
OCALA FL 34478

Mailing Address

2801 S.W. COLLEGE ROAD, SUITE 18
OCALA FL 34474

2. Principal Place of Business

2801 SW College Rd

3. Mailing Address

PO Box 5130

Suite, Apt. #, etc.

Unit 18

Suite, Apt. #, etc.

City & State

Ocala FL

City & State

Ocala FL

4. FEI Number

59-3141027

Applied For

Not Applicable

Zip
34474

Country
USA

Zip
34478-5130

Country
USA

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

6. Name and Address of Current Registered Agent

THE MANAGEMENT GROUP OF OCALA, INC.
2801 S.W. COLLEGE ROAD
SUITE 18
OCALA FL 34474

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

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.

\$359,900.00

10. Amount of Capital Contributions in FLORIDA to date.

\$359,900.00

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 # M33029
NAME THE MANAGEMENT GROUP OF OCALA, INC.
STREET ADDRESS 2801 SW COLLEGE ROAD #18
CITY-ST-ZIP OCALA FL

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

300003994053--8

STREET ADDRESS

CITY-ST-ZIP

-04/12/01--01057--002

****535.00 ****535.00

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Jerome Glassman

04/02/2001

352/237-1186

Date

Daytime Phone #

CR2E003 (11/00)