

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

02 APR -9 AM 10:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **A33262**

1. Entity Name

STATE ROAD 200 ASSOCIATES, LTD.

Principal Place of Business

Mailing Address

2801 S.W. COLLEGE RD.  
UNIT 18  
OCALA FL 34474

P.O. BOX 5130  
OCALA FL 34478-5130



2. Principal Place of Business  
2400 SW 21 Circle

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State  
Ocala FL

City & State

4. FEI Number  
59-3141027

Applied For  
Not Applicable

Zip  
34474

Country  
USA

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

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

Name  
The Management Group of Ocala Inc  
Street Address (P.O. Box Number is Not Acceptable)  
2400 SW 21 Circle  
City  
Ocala FL Zip Code  
34474

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 Jerome Glassman 04/04/2002

Signature, typed or printed name of registered agent and title if applicable.

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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS 2400 SW 21 Circle  
CITY-ST-ZIP Ocala FL 34474

DOCUMENT #  
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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

SIGNATURE: Jerome Glassman 04/04/2002 352/237-1186

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)