

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A33581**

1. Entity Name

**VALRICO PARTNERS, L.P., LTD.**

FILED

00 JAN 24 PM 4: 19

Principal Place of Business

**280 HIGHWAY 35  
MIDDLETOWN NJ 07701**

Mailing Address

**280 HIGHWAY 35  
MIDDLETOWN NJ 07701-5900**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**22-3192858**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**COOLEY, PAUL  
1350 DOUGLAS DRIVE  
CLEARWATER FL 33756**

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.

**\$3,240,000.00**

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

DOCUMENT # **P40910**  
NAME **TNG VALRICO CORP.**  
STREET ADDRESS **280 HIGHWAY 35**  
CITY - ST - ZIP **MIDDLETOWN NJ**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

**800003145028-3**

STREET ADDRESS

CITY - ST - ZIP

**-02/23/00--01088--014**

**\*\*\*\*526.25 \*\*\*\*526.25**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**1/11/00 732 842 0559**