

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A33581**

1. Entity Name

VALRICO PARTNERS, L.P., LTD.

Principal Place of Business

**280 HIGHWAY 35
MIDDLETOWN NJ 07701**

Mailing Address

**280 HIGHWAY 35
MIDDLETOWN NJ 07701**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY 13 PM 12:37



DUE BY MAY 1, 2002

4. FEI Number

22-3192858

Applied For

Not Applicable

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.

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 **MIDDLETON NJ**

DOCUMENT #
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CITY-ST-ZIP

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DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

500005677345--5

-06704702--01037--020

******926.25 ****926.25**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

CR2E003 (9/01)

0017610 AT

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

1/9/02

Date

Daytime Phone #