

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A92000000077**

1. Entity Name
ABR PLYMOUTH PLAZA, LTD.



FILED

03 MAY 28 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**6630 ROWAN RD.
NEW PORT RICHEY FL 34653
US**

Mailing Address
**6630 ROWAN RD.
NEW PORT RICHEY FL 34653
US**

2. Principal Place of Business

3. Mailing Address

5130 Main Street

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6

City & State

City & State

New Port Richey, FL

Zip

Country

Zip

Country

34652

US

DUE BY MAY 1, 2003

4. FEI Number **65-0369722**

Applied For

Not Applicable

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

SALVATORI, LEO J

4501 NORTH TAMiami TRAIL, SUITE 300

NAPLES FL 33940

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$1,025,280.00

10. Amount of Capital Contributions
in FLORIDA to date.

1,055,452

11. MAKE CHECK PAYABLE TO FL. 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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
**REED, ROBERT M II
26750 US HWY 19 NORTH
CLEARWATER FL 34621**

STREET ADDRESS

CITY-ST-ZIP

**300013637843
03/07/03--01004--021 **526.25**

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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/24/03 (727) 842-2990
Date Daytime Phone #

CF2E003 (10/02)

0016228 AT