

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A92000000266

1. Entity Name  
1320 ASSOCIATES, LTD.



FILED

03 MAY -2 PM 7:50

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH

Principal Place of Business  
250 PARK AVENUE SOUTH, SUITE 630  
WINTER PARK FL 32789

Mailing Address  
P.O. BOX 3010  
WINTER PARK FL 32790  
E



2. Principal Place of Business  
250 South Park Avenue  
Suite, Apt. #, etc.  
Suite 630

3. Mailing Address  
Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 59-3157325

Applied For

Not Applicable

Winter Park, FL

Zip  
32789

Country

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

BATTAGLIA, W.P.  
250 PARK AVENUE SOUTH, SUITE 630  
WINTER PARK FL 32789

Name

Street Address (P.O. Box Number is Not Acceptable)  
250 South Park Avenue

Suite 630

City

Winter Park

FL

Zip Code  
32789

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. \$1,053,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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 # 336201  
NAME BATTAGLIA FRUIT CO., INC.  
STREET ADDRESS 250 PARK AVENUE SOUTH, SUITE 630  
CITY-ST-ZIP WINTER PARK FL 32789

STREET ADDRESS

P. O. Box 3010

CITY-ST-ZIP

Winter Park, FL 32790-3010

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

04/29/03 407-622-1700

Date

Daytime Phone #

CR2E003 (10/02)

0008122 AT