

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000000215**

1. Entity Name

**SPS ASSOCIATES II, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 28 AM 3:05

Principal Place of Business

**603 INDIAN ROCKS ROAD  
BELLEAIR FL 34616-2056**

Mailing Address

**603 INDIAN ROCKS ROAD  
BELLEAIR FL 33756-2056**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3218115**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUGGLES, THOMAS W  
603 INDIAN ROCKS ROAD  
BELLEAIR FL 34616-2056**

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.

**\$73,500.00**

10. Amount of Capital Contributions in FLORIDA to date.

**73,500.00**

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 # **P94000014634**  
NAME **49TH STREET NORTH CORPORATION**  
STREET ADDRESS **603 INDIAN ROCKS ROAD**  
CITY - ST - ZIP **BELLEAIR FL 34616-2056**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**  
**49TH STREET NORTH CORPORATION**  
**S. LEONARD SOLLINS PRESIDENT**

**4/23/00 (410) 352-2880**  
Date Daytime Phone #

CR2E003 (9/99)