

# 2000 UNIFORM BUSINESS REPORT (UBR)

0018879 AB

DOCUMENT # A94000000501

1. Entity Name

PARADISE THORNBLEDE, LTD.

FILED

00 FEB 15 AM 10:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

6515 GRAND TETON PLAZA, SUITE 210  
MADISON WI 53719

6515 GRAND TETON PLAZA, SUITE 210  
MADISON WI 53719-1048

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3234442

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

STROSS, HOWARD C  
34650 U.S. 19 NORTH, SUITE 307  
PALM HARBOR FL 34684

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.

\$6,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # S76741  
NAME PARADISE DEVELOPMENT GROUP, INC.  
STREET ADDRESS 11711-A SOUTH TENTH STREET  
CITY-ST-ZIP SAFETY HARBOR FL 34695

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # 507607  
NAME E. J. PLESKO AND ASSOCIATES, INC.  
STREET ADDRESS 6515 GRAND TETON PLAZA, SUITE 210  
CITY-ST-ZIP MADISON WI 53719

STREET ADDRESS

CITY-ST-ZIP

6515 GRAND TETON PLAZA, STE. 300  
MADISON, WI 53719

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

E.J. PLESKO

1-13-00

(608)833-7600

Date

Daytime Phone #

CR2E003 (9/99)