

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000001442

1. Entity Name

2000 ORANGE AVE., LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 21 AM 3:05

Principal Place of Business
4300 CATALFUMO WAY
PALM BEACH GARDENS FL 33410

Mailing Address
4300 CATALFUMO WAY
PALM BEACH GARDENS FL 33410-4248



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3364491

Applied For

Not Applicable

Zip

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

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

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. \$1,500,000.00

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 # P95000071905
NAME ORANGE ONE, INC.
STREET ADDRESS 4300 CATALFUMO WAY
CITY - ST - ZIP PALM BEACH GARDENS FL 33410

STREET ADDRESS

CITY - ST - ZIP

000003249860--2
-05/12/00--01013--033

DOCUMENT # A93000000915
NAME ORLANDO SURGERY CENTER REAL EST. PSHP.,LTD
STREET ADDRESS 1340 PALMETTO AVENUE
CITY - ST - ZIP WINTER PARK FL 32789

STREET ADDRESS

CITY - ST - ZIP

*****526.25 *****526.25

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

000003249860--2
-05/12/00--01013--034

*****8.75 *****8.75

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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

4/18/00

Daytime Phone #