

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000000034**

1. Entity Name

STONES RIVER PLACE, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 19 PM 1:29

Principal Place of Business

1600 GOLF RD., STE #750
ROLLING MEADOWS IL 60008

Mailing Address

1600 GOLF RD., STE #750
ROLLING MEADOWS IL 34677-2466

2. Principal Place of Business

1032 East Lake Club Dr
Suite, Apt. #, etc.

3. Mailing Address

1032 East Lake Club Dr
Suite, Apt. #, etc.

City & State

Oldsmar FL

City & State

Oldsmar FL

4. FEI Number

65-0641481

Applied For

Not Applicable

Zip

Country

34677

Zip

Country

34677

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

Name

MOMBACH, GEOFFREY S ESQ.

500 EAST BROWARD BLVD., SUITE 1950
FT. LAUDERDALE FL 33394

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.

\$990.00

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

DOCUMENT # P960000000901
NAME STONES RIVER PLACE, INC.
STREET ADDRESS 899 WEST CYPRESS CREEK ROAD, SUITE 812
CITY - ST - ZIP FORT LAUDERDALE FL 33309

13. ADDRESS CHANGES ONLY

STREET ADDRESS 1032 East Lake Club Drive
CITY - ST - ZIP Oldsmar, FL 34677

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

500003317375--3
-07/10/00--01023--008
****141.25 ****141.25

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4-27-2000 727-781-1988

CR2E003 (9/99)