

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000000519**

1. Entity Name

14250 REALTY ASSOCIATES, LTD.

Principal Place of Business

**450 NORTH NARBERTH AVE.
NARBERTH PA 19072**

Mailing Address

**450 NORTH NARBERTH AVE.
NARBERTH PA 19072-1822**

2. Principal Place of Business

14201 CYBER PLACE

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

City & State

Zip

Country

33613

HELSBORO, NJ

Zip

Country

4. FEI Number

58-2276157

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LOONEY, STEPHEN R
200 SOUTH ORANGE AVE.
STE. 3000
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

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.

\$1,799,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$1,799,000.00

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

DOCUMENT # **P96000021961**
NAME **14250 REALTY, INC.**
STREET ADDRESS **450 NORTH NARBERTH AVE.**
CITY - ST - ZIP **NARBERTH PA 19072**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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STREET ADDRESS

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STREET ADDRESS

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

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

14250 REALTY, INC. - VP/CFO

Date

Daytime Phone #

1/7/00

610-667-9331

FILED

00 FEB -7 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE