

# 2000 UNIFORM BUSINESS REPORT (UBR)

UBR 1000  
REV 10/99

**DOCUMENT # A96000000616**

1. Entity Name  
**THEATRE ASSOCIATES, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 24 AM 9:56



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O BAY PLAZA EXECUTIVE CENTER 1290 PALM AVENUE SARASOTA FL 34236	Mailing Address C/O BAY PLAZA EXECUTIVE CENTER 1290 PALM AVENUE SARASOTA FL 34236-5604
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>65-0661821</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KAUFFMAN, MARK S**  
C/O BAY PLAZA EXECUTIVE CENTER  
1290 PALM AVENUE  
SARASOTA FL 34236

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$7,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 # NAME STREET ADDRESS CITY - ST - ZIP	<b>P96000008824</b> <b>BKB, INC.</b> <b>1290 PALM AVENUE</b> <b>SARASOTA FL 34236</b>
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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 EXCLUDED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: 2/12/00 Daytime Phone #: 941-383-3220

CR2E003 (9/99)