

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000001626**

1. Entity Name

CENTRAL AVENUE REALTY, LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 17 AM 11:19

3/22/00

Principal Place of Business

1535 MANOR WAY SOUTH
ST. PETERSBURG FL 33705

Mailing Address

1535 MANOR WAY SOUTH
ST. PETERSBURG FL 33705-6168



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

950 PARK STREET NORTH

950 PARK STREET NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

4. FEI Number

59-3397466

Applied For

Not Applicable

Zip

33710

Country

Zip

33710

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

**WHITE, RONALD C ESQUIRE
5348 FIRST AVENUE NORTH
ST. PETERSBURG FL 33710**

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.

\$10,000.00

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 #
NAME **BURGE, ALLENA H TRUSTEE**
STREET ADDRESS **1535 MANOR WAY SOUTH**
CITY - ST - ZIP **ST. PETERSBURG FL 33705**

STREET ADDRESS

CITY - ST - ZIP

600003199086-6
-04/07/00--01002--010
******158.75 ****158.75**

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/13/00

Date

Daytime Phone #

CR2E003 (9/99)