

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000000141

1. Entity Name
MBMDS ASSOCIATES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -7 AM 9:48

Principal Place of Business
3330 RUM ROW
NAPLES FL 34102

Mailing Address
3560 W. MARKET STREET
SUITE 300
AKRON OH 44333-2660



2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number 91-1774722

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GPRCGROUP, INC.
3330 RUM ROW
NAPLES FL 34102

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. \$49,920.00

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 #	F97000000264	STREET ADDRESS	
NAME	GPRCGROUP, INC.	CITY - ST - ZIP	
STREET ADDRESS	3330 RUM ROW		
CITY - ST - ZIP	NAPLES FL 34102		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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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: *James F. Gaul* **RE: JAMES F. GAUL, V/P** **1-31-00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER GPRCGROUP, INC. **Date** **Daytime Phone #** 330-665-2900

CR2E003 (9/99)