

2001 UNIFORM BUSINESS REPORT (UBR)

0000738 AF

DOCUMENT # **A97000001394**

1. Entity Name

LOOSE ASSOCIATES, LTD.

Principal Place of Business

**482 JACKSONVILLE DR.
JACKSONVILLE BEACH FL 32250**

Mailing Address

**482 JACKSONVILLE DR.
JACKSONVILLE BEACH FL 32250**

FILED
01 FEB 23 AM 10:29
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3453458

Applied For

Not Applicable

Zip

Country

Zip

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

**BURAK, RONNIE
482 JACKSONVILLE DRIVE
JACKSONVILLE BEACH FL 32250**

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.

\$16,000.00

10. Amount of Capital Contributions in FLORIDA to date.

16,000.

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 # **P97000055729**
NAME **LOOSE ASSOCIATES, INC.**
STREET ADDRESS **482 JACKSONVILLE DR.**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

STREET ADDRESS

CITY-ST-ZIP

000003791160--9
-03/01/01--01050--013
*****200.75 ***200.75**

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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:

Ronn L Burck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2/12/01 (904) 247-3600

CR2E003 (11/00)