

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A 97000002661

1. Entity Name

PORT CHARLOTTE ONE STOP PARTNERSHIP, LTD.

Principal Place of Business: 1201 North Tarragona Street, Pensacola, FL 32501  
Mailing Address: 1201 North Tarragona St, Pensacola, FL 32501

FILED

Apr 25 2000 8:00 am  
Secretary of State

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

c/o Hal Reiff

Suite, Apt. #, etc.

30 Broad Street, 31st Floor

City & State

New York, NY

Zip

10004

Country

USA

4. FEI Number

59-3485821

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Richard Morette  
1201 North Tarragona Street  
Pensacola, FL 32501

7. Name and Address of New Registered Agent

Name: Howard Bregman  
Street Address (P.O. Box Number is Not Acceptable): c/o Greenberg Traurig, P.A.  
777 South Flagler Drive, Suite 300 East  
City: West Palm Beach FL Zip Code: 33401

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 of person submitting this statement (Registered Agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

4/13/00

9. Capital Contributions  
as shown on record.

48.00

10. Amount of Capital Contributions  
in FLORIDA to date.

48.00

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 # F00000000420  
NAME 19500 Toledo Blade Boulevard  
STREET ADDRESS GP, Inc., A Delaware Corporation  
CITY-ST-ZIP 30 Broad Street, 31st Floor  
New York, NY 10004

DOCUMENT #  
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CITY-ST-ZIP

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS  
CITY-ST-ZIP  
800003230378--8  
-05/01/00--01012--007  
\*\*\*\*141.25 \*\*\*\*141.25

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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

19500 Toledo Blade Boulevard GP, Inc.

SIGNATURE:

By: SIGNATURE AND PRINTED NAME OF SIGNING GENERAL PARTNER

4/13/00

Date

(212) 612-9100

Daytime Phone #

CR2E003 (9/99)