

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002899**

1. Entity Name
BLOCK 68 PARTNERSHIP, LTD.



FILED

03 JAN -8 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**533 W. NEW ENGLAND AVE., SUITE C
WINTER PARK FL 32789**

Mailing Address
**P.O. BOX 350
WINTER PARK FL 32790-0350**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number **59-3484763**

Applied For

Not Applicable

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

**BELLOWS, DANIEL B
533 W. NEW ENGLAND AVE., SUITE C
WINTER PARK FL 32789**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

788888952517
01/08/03--01039--003FL Zip Code **41.25**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$990.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # **P94000038528**
NAME **WINTER PARK REDEVELOPMENT MANAGEMENT CORP.**
STREET ADDRESS **P.O. BOX 350**
CITY-ST-ZIP **WINTER PARK FL 32790**

STREET ADDRESS

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: **DANIEL B. Bellows**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/02/03

407-644-3151

Date

Daytime Phone #

CR2E003 (10/02)

0008130 AT