

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000431

1. Entity Name

LEVINE BRILLINGER, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 28 AM 3:05



Principal Place of Business
1333 VISTA DRIVE
SARASOTA FL 34239

Mailing Address
1333 VISTA DRIVE
SARASOTA FL 34239-2045

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0833546**

Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

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

**BARNETT, SCOTT F ESQ.
SCOTT F. BARNETT, CHARTERED
238 EAST DAVID BOULEVARD
TAMPA FL 33606**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$2,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **117,233**

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 **LEVINE, LAWRENCE A**
STREET ADDRESS **1333 VISTA DRIVE**
CITY - ST - ZIP **SARASOTA FL 34239**

STREET ADDRESS
CITY - ST - ZIP
988883269569-5
-05/30/00--01004--023
******526.25 ****526.25**

DOCUMENT #
NAME **LEVINE, EMILY H**
STREET ADDRESS **1333 VISTA DRIVE**
CITY - ST - ZIP **SARASOTA FL 34239**

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CITY - ST - ZIP

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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)(l), 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: EMILY H LEVINE 4/10/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #