

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **A98000001279**

1. Entity Name

ANDOVER PLACE NORTH LIMITED PARTNERSHIP

FILED

01 APR -2 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**10202 ALTAVISTA AVENUE
TAMPA FL 33647**

Mailing Address

**C/O SENTINEL REAL ESTATE CORPORATION
666 FIFTH AVENUE
NEW YORK NY 10103**

2. Principal Place of Business

3. Mailing Address

1251 Avenue of the Americas

Suite, Apt. #, etc.

Suite, Apt. #, etc.

36th Floor

City & State

City & State

New York, NY

4. FEI Number

59-3516794

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

10020

USA

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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.

\$99,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

99,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P98000046117**
NAME **ANDOVER PLACE NORTH, INC.**
STREET ADDRESS **666 FIFTH AVENUE**
CITY-ST-ZIP **NEW YORK NY 10103**

STREET ADDRESS **1251 Avenue of the Americas**
CITY-ST-ZIP **New York, NY 10020**

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CITY-ST-ZIP

STREET ADDRESS
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)(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

Andover Place North, Inc.

SIGNATURE:

Ellyn Baron

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Ellyn Baron, Assistant Secretary

1/29/01

Date

212-408-5000

Daytime Phone #

CR2E003 (11/00)