

2000 UNIFORM BUSINESS REPORT (UBR)

2001/02/01

DOCUMENT # A98000001629

1. Entity Name

ALTAMONTE SPRINGS-TEELBARK, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 20 AM 9:47

mf 3/27/00



Principal Place of Business

777 S. FLAGLER DRIVE, SUITE 500E
WEST PALM BEACH FL 33401

Mailing Address

C/O MICHAEL HALL, CPA
21 SOUTH 12TH STREET, SUITE 402
PHILADELPHIA PA 19107-3607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

23-2829473
APPLIED FOR

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

VALDES-FAULI CORPORATE SERVICES, INC.
777 S. FLAGLER DRIVE, SUITE 500E
WEST PALM BEACH FL 33401

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.

\$1,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 # F98000003802
NAME TEELBARK, INC.
STREET ADDRESS 21 SOUTH 12TH STREET, SUITE 402
CITY - ST - ZIP PHILADELPHIA PA 19107

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

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Edward S. Brown

3/15/2000

Date

610-486-6660

Daytime Phone #