

# 2000 UNIFORM BUSINESS REPORT (UBR)

0003856

A:

DOCUMENT # A98000001943

1. Entity Name

SPRING CREEK PLAZA ASSOCIATES, LTD.

FILED

00 APR -5 PM 12:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*my 4/19*



DO NOT WRITE IN THIS SPACE

Principal Place of Business 701 BRICKELL AVENUE, SUITE 1400 MIAMI FL 33131-2822	Mailing Address 701 BRICKELL AVENUE, SUITE 1400 MIAMI FL 33131-2820
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0860785	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

PITTS, W. DOUGLAS  
701 BRICKELL AVENUE, SUITE 1400  
MIAMI FL 33131-2822

7. Name and Address of New Registered Agent

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 \_\_\_\_\_

9. Capital Contributions as Shown on record. \$6,250.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 # NAME STREET ADDRESS CITY - ST - ZIP	P96000034735 NEWCASTER DEVCORP, INC. 701 BRICKELL AVENUE, SUITE 1400 MIAMI FL 33131-2822
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	600003217176--5 -04/21/00--01001--019 ****141.25 ****141.25
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 629, Florida Statutes.

SIGNATURE: *Douglas H. Pitts* TREASURER  
NEWCASTER DEVCORP, INC.  
3/1/00 305-375-8467  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)