

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002658**

1. Entity Name

**ESTEIN & ASSOCIATES ST. AUGUSTINE, LTD.**

Principal Place of Business

% ESTEIN & ASSOCIATES USA, LTD.  
5211 INTERNATIONAL DRIVE  
ORLANDO FL 32819

Mailing Address

% ESTEIN & ASSOCIATES USA, LTD.  
5211 INTERNATIONAL DRIVE  
ORLANDO FL 32819-9452

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-3524298**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**VEGOSEN, DEAN ESQ.**

% LEWIS, VEGOSEN, ROSENBAUGH ET AL  
500 S. AUSTRALIAN AVE., 10TH FLOOR  
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name **Lothar Estein**

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

**5211 International Drive**

City

**Orlando**

**FL**

Zip Code

**32819**

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.

**Lothar Estein, President of General Partner**

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-30-00**

9. Capital Contributions  
as Shown on record.

**\$9,900.00**

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

DOCUMENT # **P98000063979**  
NAME **G.P. ESTEIN ST. AUGUSTINE CORPORATION**  
STREET ADDRESS **5211 INTERNATIONAL DRIVE**  
CITY - ST - ZIP **ORLANDO FL 32819**

DOCUMENT # **AR**  
NAME **69.30**  
STREET ADDRESS **88.75**  
CITY - ST - ZIP **AR 88.75**

DOCUMENT # **OV3**  
NAME **8.75**  
STREET ADDRESS **8.75**  
CITY - ST - ZIP **OV3 8.75**

DOCUMENT # **\$166.80**  
NAME **\$166.80**  
STREET ADDRESS **\$166.80**  
CITY - ST - ZIP **\$166.80**

DOCUMENT # **400003212454-3**  
NAME **-04/18/00--01048--003**  
STREET ADDRESS **\*\*\*\*166.80 \*\*\*\*166.80**  
CITY - ST - ZIP **\*\*\*\*166.80 \*\*\*\*166.80**

DOCUMENT # **400003212454-3**  
NAME **-04/18/00--01048--003**  
STREET ADDRESS **\*\*\*\*166.80 \*\*\*\*166.80**  
CITY - ST - ZIP **\*\*\*\*166.80 \*\*\*\*166.80**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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:

**SIGNATURE REQUIRED**

**Lothar Estein**

**3-30-00**

**407-354-3307**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

0002548 AF

CR2E003 (9/99)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR -3 PM 6:16



DO NOT WRITE IN THIS SPACE