

2001 UNIFORM BUSINESS REPORT (UBR)

0002492 AF

DOCUMENT # **A98000002658**

1. Entity Name

ESTEIN & ASSOCIATES ST. AUGUSTINE, LTD.

FILED

01 MAR -7 AM 11:52

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

[Handwritten signature]

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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3524298

Applied For

Not Applicable

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

**ESTEIN, LOTHAR ESQ.
5211 INTERNATIONAL DRIVE
ORLANDO FL 32819**

Name

ESTEIN, LOTHAR

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

[Handwritten signature]

LOTHAR ESTEIN

3/2/01

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.

\$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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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

3/2/01

407-354-3307

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)