

2000 UNIFORM BUSINESS REPORT (UBR)

UNIFORM BUSINESS REPORT

DOCUMENT # A99000000015

1. Entity Name
LYRICH/COT INVESTORS, LTD.

FILED

00 FEB 11 AM 10:05

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 117 EAST WASHINGTON STREET LEWISBURG WV 24901	Mailing Address C/O THE ROSS GROUP, INC. 20505 U.S. HIGHWAY 19 N. #502 CLEARWATER FL 33764-7313
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **550668180** 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

**GOLDSTEIN, BRUCE S
500 EAST KENNEDY BLVD., SUITE 200-A
TAMPA FL 33602**

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. **\$829,555.00** 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION **\$26.00**

**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 # NAME STREET ADDRESS CITY - ST - ZIP	COHEN, HARVEY M 117 EAST WASHINGTON STREET LEWISBURG WV 24901	STREET ADDRESS CITY - ST - ZIP	POB 1667 LEWISBURG WV 24901
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	GORAN, MARILYN 12 MILLBANK ROAD POUGHKEEPSIE NY 12603	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	COHEN, FREDERICK 14 COURTYARD HANOVER NY 03755	STREET ADDRESS CITY - ST - ZIP	700003150127--6 -02/28/00--01136--021 ***526.25 ***526.25
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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: *Harvey M. Cohen* **SIGNATURE REQUIRED** **FEB-06-00** **3076457356**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #
HARVEY M. COHEN

C-72E003 (9/99)