

# 2001-UNIFORM BUSINESS REPORT (UBR)

0014008 AF

DOCUMENT # A990000000015

1. Entity Name

LYRICH/COT INVESTORS, LTD.

FILED

01 MAY -3 PM 12:04

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 34624

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

96 CSM Property Sec Inc  
POB 870

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
St Petersburg FL

4. FEI Number

55-0668180

Applied For

Not Applicable

Zip

Country

Zip

33731-0820

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

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

*Harvey M Cohen*

04-23/01

Signature, typed or printed name of registered agent and title if applicable.

(NOT: 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

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  
COHEN, HARVEY M  
P.O. BOX 1667  
LEWISBURG WV 24901

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
GORAN, MARILYN  
12 MILLBANK ROAD  
POUGHKEEPSIE NY 12603

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
COHEN, FREDERICK  
14 COURTYARD  
HANOVER NY 03755

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Harvey M Cohen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
HARVEY M COHEN

04/23/01

Date

304 645-7352

Daytime Phone #

CR2E003 (11/00)