

# 2001-UNIFORM BUSINESS REPORT (UBR)

0014008 AF

**DOCUMENT # A99000000015**

1. Entity Name  
**LYRICH/COT INVESTORS, LTD.**

**FILED**  
01 MAY -3 PM 12:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
**90 CSM Property Serv Inc  
POB 870  
St Petersburg FL  
33731-0870**

Country  
**USA**

4. FEI Number  
**55-0668180**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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* DATE **04-23/01**

Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating.)

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	<b>COHEN, HARVEY M</b>
STREET ADDRESS	<b>P.O. BOX 1667</b>
CITY-ST-ZIP	<b>LEWISBURG WV 24901</b>
DOCUMENT #	
NAME	<b>GORAN, MARILYN</b>
STREET ADDRESS	<b>12 MILLBANK ROAD</b>
CITY-ST-ZIP	<b>POUGHKEEPSIE NY 12603</b>
DOCUMENT #	
NAME	<b>COHEN, FREDERICK</b>
STREET ADDRESS	<b>14 COURTYARD</b>
CITY-ST-ZIP	<b>HANOVER NY 03755</b>
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	<b>4000004334034-4</b>
	<b>-05/30/01--01043--003</b>
	<b>***526.25 ***526.25</b>
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* DATE **04/23/01** Daytime Phone # **304 645-7352**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**HARVEY M COHEN**

CR2E003 (11/00)