

# 2000 UNIFORM BUSINESS REPORT (UBR)

0003862 AF

DOCUMENT # A99000000090

1. Entity Name  
CONROY-APOPKA ASSOCIATES, LTD.

APPROVED  
AND  
FILED

00 APR -5 PM 12:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*mf 4/19*



Principal Place of Business  
701 BRICKELL AVENUE, SUITE 1400  
MIAMI FL 33131-2822

Mailing Address  
701 BRICKELL AVENUE, SUITE 1400  
MIAMI FL 33131-2820

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

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number ☒ Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

PITTS, W. DOUGLAS  
701 BRICKELL AVENUE, SUITE 1400  
MIAMI FL 33131-2822

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$6,250.00 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 #	P96000034735		STREET ADDRESS	
NAME	NEWCASTER DEVCORP., I NC.		CITY - ST - ZIP	9000003217139--0
STREET ADDRESS	701 BRICKELL AVENUE, SUITE 1400			-04/21/00--01001--012
CITY - ST - ZIP	MIAMI FL 33131-2822			****141.25 ****141.25
DOCUMENT #			STREET ADDRESS	
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NAME			CITY - ST - ZIP	
STREET ADDRESS			STREET ADDRESS	
CITY - ST - ZIP			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)(l), 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: *Douglas H. Pitts* *NEWCASTER DEVCORP., I NC.* 3/21/00 305-379-8462  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)