

# 2002 UNIFORM BUSINESS REPORT (UBR)

0007203 AT

**DOCUMENT # A99000000658**

1. Entity Name

**GAINESVILLE COMMERCE CENTER LIMITED PARTNERSHIP**

FILED

02 APR 16 PM 3:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business C/O AMJ INC. OF GAINESVILLE 502 NW 16TH AVENUE GAINESVILLE FL 32601	Mailing Address C/O AMJ INC. OF GAINESVILLE 502 NW 16TH AVENUE GAINESVILLE FL 32601
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

<b>DUE BY MAY 1, 2002</b>	
4. FEI Number <b>59-3574207</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**WARREN, MICHAEL E**  
C/O AMJ INC. OF GAINESVILLE  
502 NW 16TH AVENUE  
GAINESVILLE FL 32601

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$990.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. <b>MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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 #	<b>526352</b>
NAME	<b>AMJ INC. OF GAINESVILLE</b>
STREET ADDRESS	<b>502 N.W. 16TH AVENUE</b>
CITY-ST-ZIP	<b>GAINESVILLE FL 32601</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	<b>300005313623--7</b>
CITY-ST-ZIP	<b>-04/22/02--01094-013</b> <b>****141.25   ****141.25</b>
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:** **Michael E. Warren**  
President AMJ INC. 4/14/02 352-375-4600  
General Partner Date Daytime Phone #

CR2E003 (9/01)