

# 2001 UNIFORM BUSINESS REPORT (UBR)

0015843 AF

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DOCUMENT # A99000001550

1. Entity Name

INTERSTATE SOUTH ASSOCIATES, LTD.

FILED

01 APR 23 AM 10:50

Principal Place of Business

GSB BUILDING  
ONE BELMONT AVE., SUITE 401  
BALA CYNWYD PA 19004

Mailing Address

GSB BUILDING  
ONE BELMONT AVE., SUITE 401  
BALA CYNWYD PA 19004

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-3022150

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$4,686,336.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$4,126,165.00

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 # P99000084378  
NAME BERGEN OF INTERSTATE, INC.  
STREET ADDRESS ONE BELMONT AVE., SUITE 401  
CITY-ST-ZIP BALA CYNWYD PA 19004

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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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

Interstate South Associates, Ltd.  
By: Bergen of Interstate, Inc., general partner

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/18/01

610-668-2540

Date

Daytime Phone #

Loretta M. Kelly, Vice Pres., Secty

CR2E003 (11/00)