

# 2000 UNIFORM BUSINESS REPORT (UBR)

0001639 AF

DOCUMENT # **A99000001898**

1. Entity Name

**PARK AVENUE AT METROWEST, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 14 AM 10:24

Principal Place of Business

**359 CAROLINA AVENUE  
WINTER PARK FL 32789**

Mailing Address

**359 CAROLINA AVENUE  
WINTER PARK FL 32789-3173**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3611413**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JACOBY, GREG  
359 CAROLINA AVENUE  
WINTER PARK FL 32789**

Name

**Grant T. Downing**

Street Address (P.O. Box Number is Not Acceptable)

**Godbold, Downing, Sheahan & Bill, PA**

**222 West Comstock Ave, S# 101**

City

**Winter Park**

**FL**

Zip Code  
**32789**

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

*Grant T. Downing*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**2/7/00**  
DATE

9. Capital Contributions  
as Shown on record.

**\$7,500.00**

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 # **P99000100241**  
NAME **EPI-PARK AVENUE EQUITY, INC.**  
STREET ADDRESS **359 CAROLINA AVENUE**  
CITY - ST - ZIP **WINTER PARK FL 32789**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
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CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

*my 2/23/00*

DOCUMENT #  
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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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**1/14/00**  
Date

Daytime Phone #

CR2E003 (9/99)