

2002 UNIFORM BUSINESS REPORT (UBR)

0018639 AB

DOCUMENT # B00000000135

1. Entity Name

GUSTINE-AG PLANT CITY ASSOCIATES LIMITED PARTNER
SHIP

FILED

02 MAY -1 PM 6:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2100 WHARTON STREET, SUITE 700
PITTSBURGH PA 15203

Mailing Address
2100 WHARTON STREET, SUITE 700
PITTSBURGH PA 15203



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

DUE BY MAY 1, 2002

4. FEI Number 25-1860180

Applied For
Not Applicable

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

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

9. Capital Contributions as Shown on record. \$1.00

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 #	F00000002305	STREET ADDRESS	
NAME	GUSTINE-AG PLANT CITY, INC.	CITY-ST-ZIP	100005503611--4
STREET ADDRESS	2100 WHARTON STREET, SUITE 700		-05/10/02--01080--017
CITY-ST-ZIP	PITTSBURGH PA 15203	STREET ADDRESS	BK ****141.25 ****141.25
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NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	

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: Robert E. Gustine, Secy 4-30-02 412 381 1122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)