

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B94000000216

1. Entity Name

LOPARDO ASSOCIATES, A PENNSYLVANIA LIMITED PARTN

Principal Place of Business

3102 TREELINE DRIVE  
MURRYSVILLE PA 15668

Mailing Address

P.O. BOX 220  
MURRYSVILLE PA 15668-0220

2. Principal Place of Business

44 Long Meadow Court

Suite, Apt. #, etc.

3. Mailing Address

44 Long Meadow Court

Suite, Apt. #, etc.

City & State

Pittsburgh, PA

City & State

Pittsburgh, PA

Zip

15238

Country

USA

Zip

15238

Country

USA

4. FEI Number

25-1738641

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NAPOLEON, DANIEL

672 OAK HOLLOW WAY

ALTAMONTE SPRINGS FL 32714

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

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.

\$300,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

0

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

DOCUMENT #

F94000003026

NAME

LOPARDO LAND COMPANY, INC.

STREET ADDRESS

3102 TREELINE DRIVE  
MURRYSVILLE PA 15668

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

44 Long Meadow Court

CITY - ST - ZIP

Pittsburgh, PA 15238

STREET ADDRESS

CITY - ST - ZIP

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STREET ADDRESS

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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 629, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 10 AM 9:25



DO NOT WRITE IN THIS SPACE