

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B97000000435

1. Entity Name

PDCA/FLORIDA OFFICE LIMITED PARTNERSHIP

Principal Place of Business

FISHER BUILDING, 27TH FLOOR
DETROIT MI 48202

Mailing Address

3011 W. GRAND BLVD., SUITE 2405
DETROIT MI 48202-3010

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -1 PM 12:06



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Fisher Building, 24th Floor

Suite, Apt. #, etc.

Fisher Building, 24

City & State

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0776424

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

CHASEN, DONALD

3501 SOUTHWEST CORPORATE PARKWAY
PALM CITY FL 34990

Name

Chasen, Donald

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

3399 PGA Blvd.

Suite 450

City

Palm Beach Gardens, FL

Zip Code

33410

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

Donald Chasen

Donald Chasen

4/24/00

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.

\$900.00

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 # S63330
NAME PETER D. CUMMINGS & ASSOCIATES, INC.
STREET ADDRESS 3501 SOUTHWEST CORPORATE PARKWAY
CITY - ST - ZIP PALM CITY FL 34990

STREET ADDRESS 3399 PGA Blvd., Ste 450
CITY - ST - ZIP Palm Beach Gardens, FL 33410

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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:

David A. Dear
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER VICE PRESIDENT

4/24/00

(561) 630-6110

Daytime Phone #