

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # B97000000620**

1. Entity Name  
**PORTFOLIO INVESTORS, L.P.**

**FILED**  
00 MAY 22 AM 8:43



Principal Place of Business: **ONE BELMONT AVE. SUITE 401 BALA CYNWYD PA 19004**

Mailing Address: **ONE BELMONT AVE. SUITE 401 BALA CYNWYD PA 19004-1607**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number: **23-2932380**

Applied For:  Not Applicable

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

9. Capital Contributions as Shown on record: **\$3,386,973.00**

10. Amount of Capital Contributions in FLORIDA to date: **\$3,421,184.00**

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	
DOCUMENT #	<b>F97000006090</b>
NAME	<b>BERGEN OF FLA-NJ, INC.</b>
STREET ADDRESS	<b>ONE BELMONT AVE., SUITE 401</b>
CITY - ST - ZIP	<b>BALA CYNWYD PA 19004</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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DOCUMENT #	
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CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	<b>400003264354--2</b>
	<b>-05/23/00-01125-004</b>
	<b>***526.25 ***526.25</b>
	<b>FF \$526.25</b>
STREET ADDRESS	
CITY - ST - ZIP	
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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

By: **Portfolio Investors, L.P.**  
**Bergen of FLA-NJ Inc., general partner**

**SIGNATURE: Loretta M. Kelly, V.P., Secretary**

Date: **4/5/00** Daytime Phone #: **610-668-2540**

CR2E00: (3/99)