

# 2001 UNIFORM BUSINESS REPORT (UBR)

0013864 AF

DOCUMENT # B98000000103

1. Entity Name

ASTON GARDENS AT SUN CITY CENTER NORTH, LTD., L.

Principal Place of Business  
137 S. PEBBLE BEACH BLVD., SUITE 205  
SUN CITY CENTER FL 33573

Mailing Address  
137 S. PEBBLE BEACH BLVD., SUITE 205  
SUN CITY CENTER FL 33573

FILED  
01 MAR 15 AM 11:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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 59-3501365

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

HUTCHINSON, RICHARD  
137 S. PEBBLE BEACH BLVD., SUITE 205  
SUN CITY CENTER FL 33573

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. \$2,129,780.00

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 # F97000004145  
NAME ASTON GARDENS AT SUN CITY CENTER NORTH, IN  
STREET ADDRESS 137 S. PEBBLE BEACH BLVD., SUITE 205  
CITY-ST-ZIP SUN CITY CENTER FL 33573

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STREET ADDRESS 900003889049--8  
CITY-ST-ZIP -03/20/01--01106--011  
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)