

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000819

1. Entity Name

PRIME INDUSTRIAL PROPERTIES, LIMITED COMPANY

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB -1 AM 11:59

Principal Place of Business

1043 NORTH CASEY KEY  
OSPREY FL 34229

Mailing Address

1043 NORTH CASEY KEY  
OSPREY FL 34229-9762

2. Principal Place of Business

3. Mailing Address

731 JAMESTOWN DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WINTER PARK, FL

4. FEI Number

65-0695000

Applied For

Not Applicable

Zip

Country

Zip

32792

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MAHAFFEY, JAMES W  
731 JAMESTOWN DRIVE  
WINTER PARK FL 32792

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM HEATH, RALPH T ☐ Delete  
STREET ADDRESS 1043 NORTH CASEY KEY  
CITY-ST-ZIP OSPREY FL 34229

TITLE NAME MGRM MAHAFFEY, JAMES W ☐ Delete  
STREET ADDRESS 731 JAMESTOWN DRIVE  
CITY-ST-ZIP WINTER PARK FL 32792

TITLE NAME MGRM MAHAFFEY, WILLIAM H ☐ Delete  
STREET ADDRESS 731 JAMESTOWN DRIVE  
CITY-ST-ZIP WINTER PARK FL 32792

TITLE NAME MGRM MAHAFFEY, ROBERT K ☐ Delete  
STREET ADDRESS 6699 31ST WAY SOUTH  
CITY-ST-ZIP ST. PETERSBURG FL 33712

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 900003127549--9  
CITY-ST-ZIP -02/08/00--01084--008  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

26 JAN 00

Date

407-677-0650

Daytime Phone #