

2002 UNIFORM BUSINESS REPORT (UBR)

0008463 AT

DOCUMENT # **A00000001552**

1. Entity Name
WATERFORD PARK AT WATERFORD LAKES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 MAY -2 PM 2:01
WR 5/20

Principal Place of Business
**1803 PARK CENTER DR., #220
ORLANDO FL 32835**

Mailing Address
**1803 PARK CENTER DR., #220
ORLANDO FL 32835**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

DUE BY MAY 1, 2002

4. FEI Number
59-3675633 **APPLIED FOR**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**TOWNSEND, DAVID J
1803 PARK CENTER DR., #220
ORLANDO FL 32835**

7. Name and Address of New Registered Agent
Name **Randolph J. Rush**
Street Address (P.O. Box Number is Not Acceptable)
250 Park Avenue South, 5th Floor
City **Winter Park** **FL** Zip Code **32789**

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 **4/29/02**
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. **\$500.00**

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	
DOCUMENT #	F00000005722
NAME	WATERFORD PARK DEVELOPMENT CORP.
STREET ADDRESS	1803 PARK CENTER DR., #220
CITY-ST-ZIP	ORLANDO FL 32835
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	400005491254--4
STREET ADDRESS	-05/08/02--01025--014
CITY-ST-ZIP	***7095.75 ****141.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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.

SIGNATURE: **David J. Townsend, President**
Signature AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date **4/29/02** Daytime Phone # **407 294 6400**

CR2E003 (9/01)