


# 2002 UNIFORM BUSINESS REPORT (UBR)

UJ03406 A1

**DOCUMENT #** A00000001907  
**1. Entity Name**  
 ESPLANADE CENTER OF PARK PLACE AT METROWEST, LTD

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 02 MAY -2 PM 2:06  
 4/25/02



**Principal Place of Business**      **Mailing Address**  
 1803 PARK CENTER DRIVE, #220      1803 PARK CENTER DRIVE, #220  
 ORLANDO FL 32835      ORLANDO FL 32835

**2. Principal Place of Business**      **3. Mailing Address**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

**DUE BY MAY 1, 2002**  
**4. FEI Number** 59-3686016      Applied For  
 Not Applicable  
**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 RUSH, RANDOLPH J ESQ.  
 250 PARK AVENUE SOUTH, 5TH FLOOR  
 WINTER PARK FL 32789

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**9. Capital Contributions as Shown on record.** \$990.00      **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 #	F00000006894
NAME	ESPLANADE DEVELOPMENT CORP.
STREET ADDRESS	1803 PARK CENTER DRIVE, #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	
STREET ADDRESS	500005491265--9
CITY-ST-ZIP	-05/08/02--01025--014 ***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. Tavares*      *4/29/02*      *407-294-6400*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

CR2E003 (9/01)