

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A15844**

1. Entity Name  
**EMPIRE FLORIDA, LTD.**

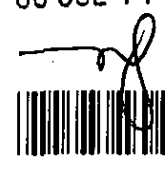
*141.25*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 17 PM 1: 25

Principal Place of Business  
28 WEST CENTRAL BLVD.  
ORLANDO FL 32801

Mailing Address  
P.O. BOX 3444  
4TH FLOOR  
ORLANDO FL 32802-3444




DO NOT WRITE IN THIS SPACE

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

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

4. FEI Number **59-2389867** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**WILLIAMS, WARREN E**  
28 WEST CENTRAL BLVD.  
P.O. BOX 3444  
WINTER PARK FL

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 **\$428,700.00** 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 # NAME STREET ADDRESS CITY - ST - ZIP	<b>S90087</b> <b>EMPIRE FLORIDA, INC.</b> 28 - 42 WEST CENTRAL BLVD. ORLANDO FL 32801	STREET ADDRESS CITY - ST - ZIP	<b>300003335493--4</b> -07/25/00--01067--009 ****141.25 ****141.25
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>P92000015357</b> <b>THE REAL REAL PROPERTY CORPORATION</b> 28 - 42 WEST CENTRAL BLVD. ORLANDO FL 32801	STREET ADDRESS CITY - ST - ZIP	<b>300003335493--4</b> -07/25/00--01067--010 ****393.75 ****393.75
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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 *EMPIRE F.A. INC* **EMPIRE F.A. INC** *4-28-00* *407-425-9205*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #