

2001 UNIFORM BUSINESS REPORT (UBR)

0002102 AF

DOCUMENT # A15844

1. Entity Name
EMPIRE FLORIDA, LTD.

FILED

01 MAY -1 PM 12:32

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

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

**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

59-2389867

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

**WILLIAMS, WARREN E
28 WEST CENTRAL BLVD.
P.O. BOX 3444
WINTER PARK FL**

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

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 # **S90087**
NAME **EMPIRE FLORIDA, INC.**
STREET ADDRESS **28 - 42 WEST CENTRAL BLVD.**
CITY-ST-ZIP **ORLANDO FL 32801**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT # **P92000015357**
NAME **THE REAL REAL PROPERTY CORPORATION**
STREET ADDRESS **28 - 42 WEST CENTRAL BLVD.**
CITY-ST-ZIP **ORLANDO FL 32801**

STREET ADDRESS
CITY-ST-ZIP

000004433130--4
-06/20/01--01085--009
*****676.25 ***526.25**

DOCUMENT #
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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

WARREN E. WILLIAMS

Date

Daytime Phone #

5-31-01 407-425-1985

CR2E003 (11/00)