

# 2002 UNIFORM BUSINESS REPORT (UBR)

000048

**DOCUMENT # A15844**

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

**FILED**  
**May 01, 2002 8:00 A.M.**  
**Secretary of State**

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

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



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

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

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 EMPIRE FLORIDA, INC. 28 - 42 WEST CENTRAL BLVD. ORLANDO FL 32801</b>	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>P92000015357 THE REAL REAL PROPERTY CORPORATION 28 - 42 WEST CENTRAL BLVD. ORLANDO FL 32801</b>	STREET ADDRESS CITY-ST-ZIP	<b>000005509290--2 -05/14/02--01053--009 *****587.50 *****437.50</b>
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CR2E003 (9/01)

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]* **4/27/02** **907-425-1782**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #