

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A18866**

1. Entity Name

LOMA LINDA LIMITED - INDIAN RIVER COUNTY

Principal Place of Business

**35543 ESTES RD.
EUSTIS FL 32736**

Mailing Address

**PO BOX 1046
EUSTIS FL 32727-1046**

FILED

02 APR 18 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

35543 Estes Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

EUSTIS, FL

4. FEI Number

59-2404901

Applied For

Not Applicable

Zip

Country

Zip

Country

32736

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CLOUD, JERRY D.
35543 ESTES RD.
EUSTIS FL 32736**

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

[Signature] **PARSIVANT LOMA LINDA CORPORATION**

4-4-02

DATE

9. Capital Contributions
as Shown on record.

\$1,000,000.00

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 # **160242**
NAME **LOMA LINDA CORPORATION**
STREET ADDRESS **35543 ESTES ROAD**
CITY-ST-ZIP **EUSTIS FL 32736**

DOCUMENT #
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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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-04/26/02--01004--002
*****526.25 ***526.25**

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-4-02

Date

352-589-8820

Daytime Phone #