

2001 UNIFORM BUSINESS REPORT (UBR)

0010145 AF

DOCUMENT # A26416

1. Entity Name

WILLOW POND, LTD.

FILED
01 MAR 12 AM 8:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**516 LAKEVIEW RD., UNIT 8
 CLEARWATER FL 33756**

Mailing Address

**516 LAKEVIEW RD., UNIT 8
 CLEARWATER FL 33756**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2889388

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

**FLYNN, THOMAS F.
 516 LAKEVIEW RD., UNIT 8
 CLEARWATER FL 33756**

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.

\$500.00

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 # **S08371**
 NAME **WILLOW POND, INC.**
 STREET ADDRESS **516 LAKEVIEW RD., UNIT 8**
 CITY-ST-ZIP **CLEARWATER FL 33756**

STREET ADDRESS _____
 CITY-ST-ZIP _____
500003854705--0
-03/15/01--01095--011
******150.00 ****150.00**

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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:  **Thomas F. Flynn, President** 3/01/01 727-449-1182
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)