2002 UNIFORM BUSINESS REPORT (UBR)

000596 AB

DOCUMENT # A26783

1. Entity Name

NORBOURNE ESTATES LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN 22 AM 9:07

Principal Place of Business	Mailing Address
2509 PLANTSIDE DR. LOUISVILLE KY 40299	2509 PLANTSIDE DR. LOUISVILLE KY 40299

2. Principal Place of Business	3. Mailing Address
P.O. Box 99564 Suite, Apt. #, etc.	P.O. Box 99564 Suite, Apt. #, etc.
City & State: LOUISVILLE KY	City & State: LOUISVILLE, Ky
Zip: 40269-0564 Country:	Zip: 40269-0564 Country:

DUE BY MAY 1, 2002

4. FEI Number 59-3011812 ☐ Applied For ☐ Not Applicable

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
SIMMONS, ANNETTE 37 BROOK CIRCLE LEESBURG FL 34748	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.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$398,795.00		

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. 535 -

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	FULKERSON, T J	CITY-ST-ZIP	
STREET ADDRESS	9239 LAZY LANE		526.25
CITY-ST-ZIP	TAMPA FL 33614		8.75 / CHS
DOCUMENT #		STREET ADDRESS	00
NAME	NELSON, STEVE W	CITY-ST-ZIP	535.
STREET ADDRESS	2509 PLANTSIDE DR.		
CITY-ST-ZIP	LOUISVILLE KY 40299		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			800004798858--1
CITY-ST-ZIP			-01/25/02--01083--011
DOCUMENT #		STREET ADDRESS	***3187.50 ****535.00
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

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: T. J. Fulkerson REQUIRED T. J. Fulkerson 1-7-02 502 495-9915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #