

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A33036

1. Entity Name

CHELSEA PARC AT TUSCAWILLA, LTD.

FILED

00 JAN 18 AM 11:22

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



Principal Place of Business
730 LAKE CREST COVE
ALTAMONTE SPRINGS FL 32701

Mailing Address
730 LAKE CREST COVE
ALTAMONTE SPRINGS FL 32701-5500

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3170086**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROBINSON, BOB L
730 LAKE CREST COVE, #B
ALTAMONTE SPRINGS FL 32701**

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. **\$1,500,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **400,000**

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 # **P96000004109**
NAME **CHELSEA PARC, INC.**
STREET ADDRESS **730 LAKE CREST COVE, SUITE B**
CITY - ST - ZIP **ALTAMONTE SPRINGS FL 32701**

STREET ADDRESS

CITY - ST - ZIP

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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 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

Bob L Robinson
Bob L Robinson
General Partner, Chelsea Parc Inc.

January 9, 2000
Date

407-260-9111
Daytime Phone #