

2001 UNIFORM BUSINESS REPORT (UBR)

0002672 AF

DOCUMENT # **A94000001046**

1. Entity Name

EWING/SYNAGEN PARTNERS, LTD.

Principal Place of Business

**8801 VISTANA CENTRE DRIVE
EXECUTIVE OFFICES - CEH
ORLANDO FL 32821**

Mailing Address

**8801 VISTANA CENTRE DRIVE
EXECUTIVE OFFICES - CEH
ORLANDO FL 32821**

FILED
01 MAR -9 PM 12:25
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

hf



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P. O. Box 568589

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orlando, FL

4. FEI Number

59-3255625

Applied For

Not Applicable

Zip

Country

Zip

Country

32856-8589

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

HARRIS, CHARLES E

**8801 VISTANA CENTRE DRIVE
EXECUTIVE OFFICES - CEH
ORLANDO FL 32821**

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.

\$5,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$2,000.00

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 # **K89179**
NAME **SYNAGEN CAPITAL PARTNERS, INC.**
STREET ADDRESS **8801 VISTANA CENTRE DRIVE**
CITY-ST-ZIP **ORLANDO FL 32821**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **BISHOP, BENJAMIN C JR.**
NAME **50 NORTH LAURA STREET, SUITE 3625**
STREET ADDRESS **JACKSONVILLE FL 32202**
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **HARRIS, CHARLES E**
NAME **8801 VISTANA CENTRE DRIVE**
STREET ADDRESS **ORLANDO FL 32821**
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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DOCUMENT # **HEGGESTAD, ARNOLD A DR.**
NAME **2230 N.W. 24TH AVENUE**
STREET ADDRESS **GAINESVILLE FL 32605**
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **JOHNSON, HJALMA E**
NAME **13825 U.S. HIGHWAY 98 BYPASS**
STREET ADDRESS **DADE CITY FL 33525**
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Charles E. Harris
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Charles E. Harris

3/5/01

Date

407-239-3153

Daytime Phone #

CR2E003 (11/00)