

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000001798**

1. Entity Name

LANDINGS EXECUTIVE CENTER, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUN 12 PM 1:33

mf



DO NOT WRITE IN THIS SPACE

Principal Place of Business
926 GREAT POND DR. SUITE 2003
ALTAMONTE SPRINGS FL 32714

Mailing Address
926 GREAT POND DR. SUITE 2003
ALTAMONTE SPRINGS FL 32714-7244

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3402477**

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

HARDING, ROBERT L
201 EAST PINE STREET, SUITE 701
ORLANDO FL 32801

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. **\$1,200,000.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P96000080290**
NAME **LANDINGS EXECUTIVE CENTER, INC.**
STREET ADDRESS **926 GREAT POND DR, SUITE 2003**
CITY - ST - ZIP **ALTAMONTE SPRINGS FL 32714**

STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

5/1/00 *407-788-6333*
Date Daytime Phone #

EXT 213

FORM 1001 CR