

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002709**

1. Entity Name

HS LAND HOLDINGS, LTD.

FILED

02 JAN 18 PM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**% W. KELLY SMITH
255 S. ORANGE AVENUE, SUITE 800
ORLANDO FL 32801**

Mailing Address
**% W. KELLY SMITH
255 S. ORANGE AVENUE, SUITE 800
ORLANDO FL 32801**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
405 Melanie Way

City & State
Maitland, FL

Zip
32751

Country
USA

Suite, Apt. #, etc.
P.O. Box 2254

City & State
Orlando, FL

Zip
32802-2254

Country
USA

DUE BY MAY 1, 2002

4. FEI Number
59-3499653

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

**SMITH, KEVIN K
255 S. ORANGE AVENUE, SUITE 800
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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. **\$3,969,428.00**

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 # **P97000063660**
NAME **HORSH, INC.**
STREET ADDRESS **255 S. ORANGE AVENUE, SUITE 800**
CITY-ST-ZIP **ORLANDO FL 32801**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS **8000004794008--7**
CITY-ST-ZIP **-01/24/02--01039--001**
******526.50 ****526.50**

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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: **HORSH, INC.**
By **W. Kelly Smith**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/11/02 (407) 843-7300

Date Daytime Phone #

CR2E003 (9/01)