

2002 UNIFORM BUSINESS REPORT (UBR)

0016252 AI

DOCUMENT # **A98000001296**

1. Entity Name
CELEBRATION WORLD RESORT, LTD.

FILED
02 MAY -3 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business: **1180 CELEBRATION BLVD., STE. 105 KISSIMMEE FL 34747**
Mailing Address: **1180 CELEBRATION BLVD., STE. 105 KISSIMMEE FL 34747**

2. Principal Place of Business
3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-3512801**
Applied For
Not Applicable

DUE BY MAY 1, 2002

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

DYMOND, WILLIAM T JR.
215 N. EOLA DRIVE
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$4,100,895.00**
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 # NAME STREET ADDRESS CITY-ST-ZIP	P98000036237 CELEBRATION WORLD RESORT, INC. 1180 CELEBRATION BLVD., STE. 105 KISSIMMEE FL 34747	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	400005577704--5
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		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: **SIGNATURE JOSE DAHEVA JR.** **4/26/02** **407-876-6065**
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)