

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A98000001296**



1. Entity Name  
**CELEBRATION WORLD RESORT, LTD.**

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

Mailing Address  
**1180 CELEBRATION BLVD., STE. 105  
KISSIMMEE FL 34747**

**FILED**  
**03 FEB 25 AM 9:36**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **59-3512801**

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

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

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

DATE \_\_\_\_\_

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 FL. 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 # **P98000036237**  
NAME **CELEBRATION WORLD RESORT, INC.**  
STREET ADDRESS **1180 CELEBRATION BLVD., STE. 105**  
CITY-ST-ZIP **KISSIMMEE FL 34747**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # \_\_\_\_\_  
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CITY-ST-ZIP \_\_\_\_\_

STREET ADDRESS

CITY-ST-ZIP

**M THOMAS**

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** **JOSEPH DAHREN, G.P.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**2/20/03 (19 07) 964-4005**  
Date Day/Phone #

CR2E003 (10/02)