

2002 UNIFORM BUSINESS REPORT (UBR)

0017837 AT

DOCUMENT # **B97000000241**

1. Entity Name
SPANISH TRACE OF ORLANDO, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN 29 AM 10:20



Principal Place of Business
**100 CENTERVIEW DRIVE
SUITE 200
BIRMINGHAM AL 35216**

Mailing Address
**P.O. BOX 59291
BIRMINGHAM AL 35259**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number
72-1373399

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

**PANICO, JAMES P
111 SOUTH MATLAND
MATLAND FL 32751**

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. **\$100.00**

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 # **F97000002672**
NAME **SPANISH TRACE OF ORLANDO, INC.**
STREET ADDRESS **100 CENTERVIEW DRIVE, SUITE 171**
CITY-ST-ZIP **BIRMINGHAM AL 35216**

STREET ADDRESS **100 Centerview DR, suite 200**
CITY-ST-ZIP **Birmingham AL 35216**

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

Date **1/10/02** Daytime Phone # **205823914**

CR2E003 (9/01)

STAPLE CHECK HERE