

2000 UNIFORM BUSINESS REPORT (UBR)

0013205 AF

DOCUMENT # A19361

1. Entity Name

WALDO VILLAS LIMITED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 13 AM 11:43

Principal Place of Business

C/O BARBARA A. MAGALSKI
611 12TH STREET
LEESBURG FL 34748

Mailing Address

P.O. BOX 492228
LEESBURG FL 34749-2228

2. Principal Place of Business

613 12TH STREET

3. Mailing Address

P.O. BOX 492228

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LEESBURG FL

City & State

LEESBURG FL

4. FEI Number

59-2546730

Applied For

Not Applicable

Zip

Country

34748 USA

Zip

Country

34749 USA

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAGALSKI, BARBARA
611 12TH STREET
LEESBURG FL 34748

7. Name and Address of New Registered Agent

Name

CHANGE ADDRESS

Street Address (P.O. Box Number is Not Acceptable)

City

613 12TH STREET
LEESBURG FL

Zip Code

34748

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$36,000.00

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

DOCUMENT #

NAME MAGALSKI, BARBARA A
STREET ADDRESS 611 12TH STREET
CITY - ST - ZIP LEESBURG FL 34748

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CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

613 12TH STREET

CITY - ST - ZIP

LEESBURG FL 34748

STREET ADDRESS

CITY - ST - ZIP

100003239831-4

STREET ADDRESS

CITY - ST - ZIP

-05/04/00--01083--011

****349.50 ****349.50

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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:

Barbara Magalski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/9/00 (352) 787-2700
Date Daytime Phone #

CR2E003 (9/99)