

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A00000000025**

1. Entity Name

AUBURN WOODS, LTD.

Principal Place of Business

**1520 ROYAL PALM SQUAE BLVD.
SUITE 360
FT. MYERS FL 33919**

Mailing Address

**1520 ROYAL PALM SQUAE BLVD.
SUITE 360
FT. MYERS FL 33919**

FILED

01 JAN 30 PM 12:37

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAMLIN, CURTIS D ESQ.
1205 MANATEE AVE. WEST
BRADENTON FL 34205**

Name

BOWEN A ARNOLD

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

1520-360 ROYAL PALM SQ BLVD.

City

FT MYERS

FL

Zip Code

33919

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]

BOWEN A ARNOLD

01/15/01

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.

\$7,500.00

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 # **P99000111931**
NAME **AUBURN WOODS, INC.**
STREET ADDRESS **1520 ROYAL PALM SQUAE BLVD.**
CITY-ST-ZIP **FT. MYERS FL 33919**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

000003630420--2
-02/02/01--01056--008
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DOCUMENT #
NAME
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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

000003630420--2
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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]
SIGNATURE REQUIRED

BOWEN A ARNOLD AUBURN WOODS, INC.

01/15/01

941 275 8029

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)