

# 2002 UNIFORM BUSINESS REPORT (UBR)

000727 AT

DOCUMENT # A00000000067

1. Entity Name

PONKAN 95 LIMITED PARTNERSHIP

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 MAR 29



Principal Place of Business

115 INTERNATIONAL PARKWAY  
HEATHROW FL 32746

Mailing Address

115 INTERNATIONAL PARKWAY  
HEATHROW FL 32746

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

✓ DUE BY MAY 1, 2002

4. FEI Number

59-3618162

Applied For

Not Applicable

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

DR PARTNERS OF ORLANDO, INC.  
115 INTERNATIONAL PARKWAY  
HEATHROW FL 32746

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

\$855,000.00

10. Amount of Capital Contributions

in FLORIDA to date

303,250.00

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 # P0000002335  
NAME DR PARTNERS OF ORLANDO, INC.  
STREET ADDRESS 115 INTERNATIONAL PARKWAY  
CITY-ST-ZIP HEATHROW FL

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

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:

*Dolores B. C...*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-26-02 407-333-1900

Date Daytime Phone #

CR2E003 (9/01)

STAMPLE CHECK HERE