

2002 UNIFORM BUSINESS REPORT (UBR)

DOI 4400 AT

DOCUMENT # A00000000100

1. Entity Name
ARAVILLA GROVES, LTD.

FILED

02 APR 29 AM 9:04

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAJH



Principal Place of Business
513 LAKE SADDLEBAGS DRIVE
LAKE PLACID FL 33852

Mailing Address
PMD-276
1010 US HIGHWAY 27 SOUTH
AVON PARK FL 33825

2. Principal Place of Business

3. Mailing Address
P.O. Box 328

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State
LAKE PLACID, FL

4. FEI Number 65-1065539

Applied For
Not Applicable

Zip

Country

Zip Country
33862-0328 USA

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

HINTON, BENJAMIN JR
513 LAKE SADDLEBAGS DRIVE
LAKE PLACID FL 33852

Name: F. PARKER LAWRENCE
Street Address (P.O. Box Number is Not Applicable)
3720 N.W. 43rd Street
Suite 101
City Gainesville, FL Zip Code 32606

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 DATE 4/25/02

9. Capital Contributions as Shown on record. \$1,556,725.00

10. Amount of Capital Contributions in FLORIDA to date. \$2,298,287

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 # P00000002782
NAME HINTON BUSINESS ENTERPRISES, INC.
STREET ADDRESS 113 LAKE SADDLEBAGS DRIVE
CITY-ST-ZIP LAKE PLACID FL 33852

STREET ADDRESS 72 Tower Street, Ste 4
CITY-ST-ZIP LAKE PLACID, FL 33852

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

FF \$ 526.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

500005538835--4

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

-05/16/02--01008--023
****526.25 ****526.25

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: DATE 04-23-02

CR2E003 (9/01)