

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000414

1. Entity Name

LISA ANN ROHDE HARRIS, LTD.

FILED

02 FEB -7 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3554 FRIARS COVE ROAD
ST. CLOUD FL 34772

Mailing Address

3554 FRIARS COVE ROAD
ST. CLOUD FL 34772

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

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

FOSTER, MATTHEW J. ESQ.
C/O FOLEY & LARDNER
100 NORTH TAMPA STREET, SUITE 2700
TAMPA FL 33602-5804

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.

\$10,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
HARRIS, LISA ANN ROHDE
3554 FRIARS COVE ROAD
ST. CLOUD FL 34772

STREET ADDRESS

CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/9/02 407-892-7135

Date

Daytime Phone #

CR2E003 (9/01)

Form **SS-4**

(Rev. April, 2000)

Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See instructions.)

Keep a copy for your records.

EIN

OMB No. 1545-0003

1 Name of applicant (legal name) (see instructions) Lisa Ann Rohde Harris, Ltd.		3 Executor, trustee, "care of" name	
2 Trade name of business (if different from name on line 1)		5a Business address (if different from address on lines 4a and 4b)	
4a Mailing address (street address) (room, apt., or suite no.) 3554 Friars Cove Road		5b City, state, and ZIP code	
4b City, state, and ZIP code St. Cloud, FL 34772		6 County and state where principal business is located Osceola County, Florida	
7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) Lisa Ann Rohde Harris (SSN#: 262-80-6911)			
8a Type of entity (Check only one box.) (see instructions) Caution: If applicant is a limited liability company, see the instructions for line 8a.			
<input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Estate (SSN of decedent) <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Personal service corp. <input type="checkbox"/> REMIC <input type="checkbox"/> National Guard <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Other corporation (specify) _____ <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Trust <input type="checkbox"/> Other nonprofit organization (specify) _____ (enter GEN if applicable) <input type="checkbox"/> Other (specify) _____			
8b If a corporation, name the state or foreign country (if applicable) where incorporated Florida		Foreign country N/A	
9 Reason for applying (Check only one box.) (see instructions)			
<input checked="" type="checkbox"/> Started new business (specify type) Limited Partnership		<input type="checkbox"/> Banking purpose (specify purpose) _____	
<input type="checkbox"/> Hired employees (Check the box and see line 12.)		<input type="checkbox"/> Changed type of organization (specify new type) _____	
<input type="checkbox"/> Created a pension plan (specify type) _____		<input type="checkbox"/> Purchased going business	
		<input type="checkbox"/> Created a trust (specify type) _____	
		<input type="checkbox"/> Other (specify) _____	
10 Date business started or acquired (month, day, year) (see instructions) March 8, 2000		11 Closing month of accounting year (see instructions) December 31	
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) _____ N/A			
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)		Nonagricultural Agricultural Household	
14 Principal activity (see instructions) Investment			
15 Is the principal business activity manufacturing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," principal product and raw material used _____			
16 To whom are most of the products or services sold? Please check one box. <input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Business (wholesale) <input checked="" type="checkbox"/> N/A			
17a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 17b and 17c.			
17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above. Legal name _____ Trade name _____			
17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) _____ City and state where filed _____ Previous EIN _____			
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Business telephone number (include area code) 407-892-7135	
Name and title (Please type or print clearly.) Lisa Ann Rohde Harris, General Partner		Fax telephone number (include area code) 407-892-6417	
Signature _____		Date _____	
Note: Do not write below this line. For official use only.			
Please leave blank	Geo.	Ind.	Class Size Reason for applying

For Paperwork Reduction Act Notice, see page 4.

Cat. No. 15055N

Form **SS-4** (Rev. 4-2000)