

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000563

1. Entity Name

ST. MICHAEL, LTD.

Principal Place of Business

558 WEST NEW ENGLAND AVE., SUITE 210
WINTER PARK FL 32789

Mailing Address

P.O. BOX 350
WINTER PARK FL 32789-0350

2. Principal Place of Business

533 W. NEW ENGLAND AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite C

City & State

Winter park, FL

Zip

32789

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

59-3635277

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BELLOWS, DANIEL B

558 WEST NEW ENGLAND AVE., SUITE 210
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

Daniel B. Bellows

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

533 W. New ENGLAND AVE

Suite C

City

Winter park

FL

Zip Code

32789

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.

\$990.00

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 # P95000022077
NAME NEW ENGLAND AVENUE DEVELOPMENT COMPANY
STREET ADDRESS 558 WEST NEW ENGLAND AVE., SUITE 210
CITY-ST-ZIP WINTER PARK FL 32789

13. ADDRESS CHANGES ONLY

STREET ADDRESS

P.O. Box 350

CITY-ST-ZIP

Winter park, FL 32790-0350

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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

VP DANIEL B. BelloWS 4/6/02 407-644-3151

Date

Daytime Phone #

CR2E003 (9/01)

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