

# 2002 UNIFORM BUSINESS REPORT (UBR)

0007606 AT

**DOCUMENT #** A00000000910

**1. Entity Name**  
LIBERTY COLONIAL TOWN, LTD.

**FILED**  
02 APR 29 PM 5:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Principal Place of Business**  
310 WEST CENTRAL PARKWAY  
SUITE 7000  
ALTAMONTE SPRINGS FL 32714

**Mailing Address**  
310 WEST CENTRAL PARKWAY  
SUITE 7000  
ALTAMONTE SPRINGS FL 32714



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip Country

**DUE BY MAY 1, 2002**

**4. FEI Number** 59-3649617

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**

**MIKKELSON, WM. MICHAEL**  
310 WEST CENTRAL PARKWAY  
SUITE 7000  
ALTAMONTE SPRINGS FL 32714

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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**9. Capital Contributions** as Shown on record. **\$30,200.00**

**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 #	P00000054137
NAME	LIBERTY COLONIAL TOWN, INC.
STREET ADDRESS	310 WEST CENTRAL PARKWAY SUITE 7000
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714
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211.40  
88.75  
300.15  
BK

300005493523-1  
-05/09/02--01021--003  
\*\*\*\*300.15 \*\*\*\*300.15

**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:** WM Michael Mickelson **1.15.02** **407.774.8818**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)