

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001030

1. Entity Name

PDB SHERMAN PROPERTIES, LTD.

FILED

02 MAR 15 AM 9:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

800 NORTH MAGNOLIA AVE., SUITE 1500  
ORLANDO FL 32803

Mailing Address

800 NORTH MAGNOLIA AVE., SUITE 1500  
ORLANDO FL 32803

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

59-3654455

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEE, STEVEN C ESQ.

800 NORTH MAGNOLIA AVE., SUITE 1500  
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name

DEAN MEAD SERVICES, LLC

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

800 N. MAGNOLIA AVE.

SUITE 1500

City  
ORLANDO

FL

Zip Code  
32803

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.

DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A., SOLE MEMBER

SIGNATURE

By: *Steven C Lee*

STEVEN C. LEE, VICE PRES.

3/12/02

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

\$6,716,206.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$6,716,206.00

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

DOCUMENT # L00000007512  
NAME PDB SHERMAN, LLC  
STREET ADDRESS 800 NORTH MAGNOLIA AVE., SUITE 1500  
CITY-ST-ZIP ORLANDO FL 32803

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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

PDB SHERMAN, LLC, General Partner

SIGNATURE By: *Paul H Sherman*

3-6-02 407-644-5361

Date

Daytime Phone #

CR2E003 (9/01)