

2002 UNIFORM BUSINESS REPORT (UBR)

0014349 AT

DOCUMENT # A00000001064

1. Entity Name

FP-WINDOVER, LTD.

FILED

02 MAY -1 PM 6:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

P.O. BOX 5252
LAKELAND FL 33813

Mailing Address

P.O. BOX 5252
LAKELAND FL 33813



2. Principal Place of Business

500 S. Florida Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

Lakeland FL

City & State

4. FEI Number

59-3656265

Applied For

Not Applicable

Zip

Country

Zip

Country

33801

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

MAXWELL, LAWRENCE T

5150 SOUTH FLORIDA AVENUE, SUITE 200

LAKELAND FL 33813

Name

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

500 S. Florida Ave

#700

City

Lakeland

FL

Zip Code

33801

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.

\$1,000.00

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

DOCUMENT # L00000008605
NAME FPW-GP, LLC
STREET ADDRESS 5015 SOUTH FLORIDA AVE., SUITE 200
CITY-ST-ZIP LAKELAND FL 33813

13.

STREET ADDRESS

500 S. Florida Avenue, #700
Lakeland, FL 33801

CITY-ST-ZIP

DOCUMENT #
NAME
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CITY-ST-ZIP

STREET ADDRESS

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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 REQUIRED

04/30/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)