

# 2002 UNIFORM BUSINESS REPORT (UBR)

0016334 AT

DOCUMENT # A00000001252

1. Entity Name

DEWITT FLORIDA INVESTMENTS, LTD.

FILED

02 MAR 22 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
14463 WEST COLONIAL DRIVE  
WINTER GARDEN FL 34787

Mailing Address  
C/O ANN SEVERIUS  
P.O. BOX 770337  
WINTER GARDEN FL 34777-0337

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

59-3664704

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

DEWITT, DALE A  
14463 WEST COLONIAL DRIVE  
WINTER GARDEN FL 34787

Name: Ann L Severns  
Street Address (P.O. Box Number is Not Acceptable): 14463 W Colonial Dr  
Winter Garden  
City: FL Zip Code: 34787

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

3/20/02  
DATE

9. Capital Contributions  
as Shown on record. \$2,000,000.00

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 # L00000009619  
NAME DEWITT MANAGEMENT, LLC  
STREET ADDRESS 14463 WEST COLONIAL DRIVE  
CITY-ST-ZIP WINTER GARDEN FL 34787

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # A  
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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/19/2002  
Date

407  
656-1799  
Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE