

# 2001 UNIFORM BUSINESS REPORT (UBR)

0002127 AF

DOCUMENT # A00000001308

1. Entity Name

LAKE WILSON INVESTMENT PARTNERSHIP, LTD.

Principal Place of Business

1734 HEMPLE AVENUE  
GOTHA FL 34734

Mailing Address

C/O STEPHEN D. DUNEGAN, ESQ.  
P.O. BOX 2346  
ORLANDO FL 32802-2346

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
59-3665920

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

DUNEGAN, STEPHEN D  
C/O DEAN MEAD EGERTON LAW FIRM  
800 NORTH MAGNOLIA AVE., SUITE 1500  
ORLANDO FL 32803

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$1,343,520.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$1,343,520.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # L00000010056  
NAME LAKE WILSON MANAGEMENT, LLC  
STREET ADDRESS 1734 HEMPLE AVENUE  
CITY-ST-ZIP GOTHA FL 34734

STREET ADDRESS

CITY-ST-ZIP

3000003931409--2

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NAME  
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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:

*Susan Bell Fischer*  
SUSAN BELL FISCHER, REGISTERED AGENT

Feb. 6, 2001 467-2916  
Date Daytime Phone #

CR2E003 (11/00)