

# 2002 UNIFORM BUSINESS REPORT (UBR)

0007598 AT

**DOCUMENT # A01000000240**

1. Entity Name  
**WOODLAND POINT LIMITED PARTNERSHIP**

**FILED**  
02 APR -5 PM 2-01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business: 247 NORTH WESTMONTE DRIVE, ALTAMONTE SPRINGS FL 32714  
Mailing Address: 247 NORTH WESTMONTE DRIVE, ALTAMONTE SPRINGS FL 32714

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 | Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**COSTOLO, W. TERRY ESQ.**  
215 NORTH EOLA DRIVE  
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent  
Name: **Costolo, W. Terry, Esq.**  
Street Address (P.O. Box Number is Not Acceptable):  
**301 E. Pine St., Ste. 1400**  
City: **Orlando** FL Zip Code: **32801**

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: *W. Terry Costolo* DATE: **4-2-02**

9. Capital Contributions as Shown on record. **\$999.90**

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 #	
NAME	<b>PICERNE WOODLAND POINT LLC</b>
STREET ADDRESS	<b>247 NORTH WESTMONTE DRIVE</b>
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL 32714</b>
DOCUMENT #	<b>L0100000 2489</b>
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	<b>600005235856--5</b> <del>04/10/02 81063 009</del>
STREET ADDRESS	<b>****150.00 ****150.00</b>
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>BK</b>
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)(l), 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: *Robert M. Picerne* DATE: **4/4/02** Daytime Phone #: **407-772-0200**

CR2E003 (9/01)

STAPLE CHECK HERE