

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0021290 FR

DOCUMENT # A01000000396

1. Entity Name  
ANBETH, LTD.



FILED  
03 APR 30 AM 10:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1525 U.S. 27 SOUTH  
LAKE PLACID FL 33852

Mailing Address  
1525 U.S. 27 SOUTH  
LAKE PLACID FL 33852

2. Principal Place of Business

100 Shoreline Drive

3. Mailing Address

100 Shoreline Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

Lake Placid FL

City & State

Lake Placid FL

4. FEI Number 65-1075398

Applied For

Not Applicable

Zip

33852

Country

Highlands

Zip

33852

Country

Highlands

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

MCCOLLUM, JAMES F  
129 SOUTH COMMERCE AVENUE  
SEBRING FL 33870

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions  
as Shown on record.

\$5,073,104.40

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # P01000004994  
NAME ANBETH CORP  
STREET ADDRESS 100 SHORELINE DRIVE  
CITY-ST-ZIP LAKE PLACID FL 33852

STREET ADDRESS 100 Shoreline Drive  
CITY-ST-ZIP Lake Placid FL 33852

DOCUMENT #  
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

R. Anthony Lozier

4/25/03 8636991936

Date

Daytime Phone #

CR2E083 (10/02)

STAPLE CHECK HERE