

# 2002 UNIFORM BUSINESS REPORT (UBR)

0016062 AT

**DOCUMENT #** A01000001336

**1. Entity Name**  
PARADISE ELLENWOOD, LTD.

FILED

02 MAY -1 AM 11:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**Principal Place of Business**  
2901 RIGSBY LANE  
SAFETY HARBOR FL 34695

**Mailing Address**  
2901 RIGSBY LANE  
SAFETY HARBOR FL 34695

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip Country

**DUE BY MAY 1, 2002**

**4. FEI Number** 59-3749798

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

FORLIZZO, ROBERT A  
2903 RIGSBY LANE  
SAFETY HARBOR FL 34695

**7. Name and Address of New Registered Agent**

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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	S76741 PARADISE DEVELOPMENT GROUP, INC. 2901 RIGSBY LANE SAFETY HARBOR FL 34695	STREET ADDRESS	
		CITY-ST-ZIP	900005556259--0 -05/17/02--01014--017
		STREET ADDRESS	****141.25 ****141.25
		CITY-ST-ZIP	
		STREET ADDRESS	
		CITY-ST-ZIP	
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		CITY-ST-ZIP	
		STREET ADDRESS	
		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)(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 REQUIRED**

**4-29-2 727-726-1115**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (9/01)