

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A02290**

1. Entity Name

SWAN LAKE ESTATES, LTD.

FILED

Mar 03 2000 8:00 am
Secretary of State

Principal Place of Business
277 MAGNOLIA AVE. S.W.
P.O. BOX 192
WINTER HAVEN FL 33882

Mailing Address
277 MAGNOLIA AVE. S.W.
P.O. BOX 192
WINTER HAVEN FL 33882-0192



2. Principal Place of Business
616 2nd Street, S.W.

3. Mailing Address
P. O. Box 2898

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Winter Haven, FL

City & State
Winter Haven, FL

4. FEI Number **59-1483158**

Applied For
Not Applicable

Zip Country
33880

Zip Country
33883-2898

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

VAUGHN, JAMES O
277 MAGNOLIA AVE., S.W.
WINTER HAVEN FL 33880

Name

Street Address (P.O. Box Number is Not Acceptable)
616 2nd Street, S.W.

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. **\$90,000.00**

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
VAUGHN, JAMES O
277 MAGNOLIA AVENUE SW
WINTER HAVEN FL

STREET ADDRESS
CITY - ST - ZIP
616 2nd Street, S.W.

DOCUMENT #
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STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

rf 3/15/00

DOCUMENT #
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CITY - ST - ZIP

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

Date

Daytime Phone #

863 - 2-17-2000 293-2577

CR2E003 (9/99)