

# 2002 UNIFORM BUSINESS REPORT (UBR)

0014510 AT

**DOCUMENT # A02290**

1. Entity Name  
**SWAN LAKE ESTATES, LTD.**

FILED

02 FEB 18 PM 3:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business: **616 2ND STREET, S.W. WINTER HAVEN FL 33880**

Mailing Address: **P.O. BOX 2898 WITNER HAVEN FL 33883-2898**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

**MUN**

**DUE BY MAY 1, 2002**

6. Name and Address of Current Registered Agent  
**VAUGHN, JAMES O  
616 2ND STREET, S.W.  
WINTER HAVEN FL 33880**

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. **\$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 #	<b>VAUGHN, JAMES O 616 2ND STREET, S.W. WINTER HAVEN FL 33880</b>	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
DOCUMENT #		STREET ADDRESS	<b>800005025038--2</b>
NAME		CITY-ST-ZIP	<b>-02/27/02--01093--007</b>
STREET ADDRESS			<b>****526.25 ****526.25</b>
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STREET ADDRESS			

CR2E003 (9/01)

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: *James O Vaughn*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-13-2002

Date Daytime Phone #