

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A02818**

1. Entity Name

**SYLVAN PLAZA, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -3 PM 1:33



DO NOT WRITE IN THIS SPACE

Principal Place of Business

380 S. SR 434  
SUITE 1004-114  
ALTAMONTE SPRINGS FL 32714

Mailing Address

380 S. SR 434  
SUITE 1004-114  
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

**380 S. SR 434**

3. Mailing Address

**380 S. SR 434**

Suite, Apt. #, etc.

**SUITE 1004 - #114**

Suite, Apt. #, etc.

**SUITE 1004 - #114**

City & State

**ALTAMONTE SPRINGS, FL**

City & State

**ALTAMONTE SPRINGS, FL**

Zip

**32714**

Country

**SEMINOLE**

Zip

**32714**

Country

**SEMINOLE**

4. FEI Number

**59-1509079**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DRAKE, T. MICHAEL**

~~380 S. SR 434 STE 1004-114~~  
**ALTAMONTE SPRINGS FL 32714**

**380 S. SR 434 - SUITE - #1004-114**

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

*Michael Drake* - **ADDRESS CORRECTION ONLY** 4/27/00

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.

**\$36,450.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**36,450**

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

STREET ADDRESS

CITY - ST - ZIP

**DRAKE, T. MICHAEL**  
**380 S. SR 434 STE 1004-114**  
**ALTAMONTE SPRINGS FL 32714**

13.

ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

**380 S. SR 434, SUITE - #1004-114**

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

**412002**  
**MCCAMMON, INC.**  
**234 RIVER VILLAGE DR.**  
**DEBARY FL 32713**

STREET ADDRESS

CITY - ST - ZIP

**300003287733 - - 1**

**06/14/00-01005-003**

**\*\*\*343.90 \*\*\*343.90**

DOCUMENT #

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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:

*Michael Drake*  
**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/27/00

Date

407  
632-7079

Daytime Phone #