

2001 UNIFORM BUSINESS REGISTER (UBR)

DOCUMENT #

A05216

1. Entity Name

ORLANDO TENNIS ASSOCIATES
LIMITED PARTNERSHIP

Principal Place of Business

1403 Hway 27 South
Clermont, FL 34711

Mailing Address

P.O. Box 221
Brooklyn, NY 11208-0221

FILED

01 JUL 31 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

545 N. PARK Avenue
% PRAGUE & LEVIN

3. Mailing Address

Suite, Apt. #, etc.

City & State

WINTER PARK FL

City & State

Zip

32789

Country

USA

Zip

Country

4. FEI Number

59-1683099

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DIETRICH, PAUL ESCQ.
STUMP, Storey & Callahan
37 N. ORANGE Avenue
ORLANDO, FL 32801

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7-25-01

9. Capital Contributions
as Shown on record.

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
FERNANDEZ, B.R.
2689 PITKIN Avenue
BROOKLYN NY 11208

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

000004514590--1
-08/03/01--01083--002
*****150.00 *****150.00

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

7-26-01

218-235-0714

CR2E003 (1/100)