

# 2001 UNIFORM BUSINESS REPORT (UBR)

0001128 AF

**DOCUMENT # A06051**

1. Entity Name  
**SES GROUP-WINDEMERE, LTD.**

Principal Place of Business  
**360 S. WYMORE ROAD  
ALTAMONTE SPRINGS FL 32714**

Mailing Address  
**360 S. WYMORE ROAD  
ALTAMONTE SPRINGS FL 32714**

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

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


City & State  
City & State

Zip Country  
Zip Country

**FILED**

01 FEB 19 AM 11:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1786300** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent  
**MCKEEVER, PATRICIA  
360 S. WYMORE ROAD  
ALTAMONTE SPRINGS, FL FL 32714**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$716,000.00**

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. ADDITIONAL CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>REESER, DENNIS I 253 HAMPDEN PLACE WINTER PARK FL</b>	STREET ADDRESS CITY-ST-ZIP	<b>100015745381-6 -02/21/01--01121--001 ****535.00 ****535.00</b>
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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:**  **Dennis I. Reeser** **2/15/01** **407-774-1336**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)