

# 2002 UNIFORM BUSINESS REPORT (UBR)

001472 AT

DOCUMENT # **A06629**

1. Entity Name

**AZALEA APARTMENTS, LTD.**

Principal Place of Business

**CITRUS AVE.  
WAUCHULA FL 33873**

Mailing Address

**P.O. BOX 1327  
WAUCHULA FL 33873**

**FILED**

**02 JUL -1 AM 8:58**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**



2. Principal Place of Business

**POBx 1327**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Wauchula**

City & State

4. FEI Number

**59-2277828**

Applied For

Not Applicable

Zip

**33873**

Country

**Hardie**

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**WHEELER, GEORGE T  
1440 CITRUS DR.  
WAUCHULA FL 33873**

7. Name and Address of New Registered Agent

Name

**Sam L**

Street Address (P.O. Box Number is Not Acceptable)

**2646 Bailes Rd**

City

**Zolfo Springs**

**FL**

Zip Code

**33890**

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.

DATE

9. Capital Contributions  
as Shown on record.

**\$500.00**

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

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**WHEELER, JANICE P  
3711 OAK HILLS RANCH  
ZOLFO SPRINGS FL 33890**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**900006224659--1  
-07/05/02--01056--017**

**\*\*\*\*550.00 \*\*\*\*550.00**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

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 REQUIRED** Janice P Wheeler 6-26-02 863-375-2222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)