

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A06889

1. Entity Name

WEST MULBERRY, LTD.

FILED
May 02, 2000 8:00 am
Secretary of State



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5015 SOUTH FLORIDA AVE. SUITE 200 LAKELAND FL 33813	Mailing Address P.O. BOX 5252 LAKELAND FL 33807-5252
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	59-1862333	Applied For	
		Not Applicable	

5. Certificate of Status Desired	☒ \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCFARLANE, PETER A., ESQ. 5015 SOUTH FLORIDA AVE. SUITE 215 LAKELAND FL 33813

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.	\$100.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	M77351	STREET ADDRESS	
NAME	LAKE HENRY DEVELOPMENT, INC.	CITY - ST - ZIP	
STREET ADDRESS	5015 SOUTH FLORIDA AVE., SUITE 200		
CITY - ST - ZIP	LAKELAND FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
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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 5/1/2000 863-647-1581

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

Laura T McFarlane

CF2 (1/97)