

2001 UNIFORM BUSINESS REPORT (UBR)

0012422 AF

DOCUMENT # A07570

1. Entity Name

SAMPALA LAKE RANCH LIMITED

FILED

01 MAY 23 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

800 FOXHOUND DR., RT. 37
DAYTONA BEACH FL 32124

Mailing Address

800 FOXHOUND DR., RT. 37
DAYTONA BEACH FL 32124



DO NOT WRITE IN THIS SPACE

MJH

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-1438520

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KREMSER, GEFFORY
3310 S.W. 100TH ST.
GAINESVILLE FL 32607**

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 _____

9. Capital Contributions as Shown on record. **\$1,400,000.00**

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

DOCUMENT #
NAME **KREMSER, FRANK J JR.**
STREET ADDRESS **800 FOX HOUND DRIVE, RT. 37**
CITY-ST-ZIP **DAYTONA BEACH FL 32124**

DOCUMENT #
NAME **KREMSER, PAULINE H**
STREET ADDRESS **800 FOX HOUND DRIVE, RT. 37**
CITY-ST-ZIP **DAYTONA BEACH FL 32124**

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NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS
000004421110--0
CITY-ST-ZIP
06/14/01 01123 067
******526.25 ****526.25**

STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

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: *Pauline H. Kremsen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/16/01 (904) 322-8548
Date Daytime Phone #

CR2E003 (11/00)