

# 2002 UNIFORM BUSINESS REPORT (UBR)

0014348  
A7

DOCUMENT # A08266

1. Entity Name

DADE CITY COMPLETION PROJECT, LTD.

FILED

02. MAY -1 PM 6:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

5015 SOUTH FLORIDA AVE.  
SUITE 200  
LAKELAND FL 33813

Mailing Address

P.O. BOX 5252  
LAKELAND FL 33813

2. Principal Place of Business

500 S. Florida Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

Zip

Country

33801 USA

DUE BY MAY 1, 2002

4. FEI Number

59-1955967

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

McFARLANE, PETER A. ESQ.  
5015 SOUTH FLORIDA AVE..  
LAKELAND FL 33813

7. Name and Address of New Registered Agent

Name

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

500 S. Florida Ave  
#715

City

Lakeland

FL

Zip

33801

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.

\$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

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 # M77351  
NAME LAKE HENRY DEVELOPMENT, INC.  
STREET ADDRESS 5015 SOUTH FLORIDA AVE. STE. 200  
CITY-ST-ZIP LAKELAND FL

13. ADDRESS CHANGES ONLY

STREET ADDRESS

500 S. Florida Avenue, #700  
Lakeland, FL 33801

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

BK

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04/30/02

Date

Daytime Phone #

CR2E003 (9/01)