

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A08465**

1. Entity Name

**TWO SOUTH ORANGE PLAZA LIMITED**

Principal Place of Business

**2 SOUTH ORANGE AVE  
ORLANDO FL 32801**

Mailing Address

**2 SOUTH ORANGE AVE  
ORLANDO FL 32801-2606**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 17 PM 1:25



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**200 S. Orange Avenue  
Suite, Apt. #, etc.  
2600**

3. Mailing Address

**Post Office Box 1526**

Suite, Apt. #, etc.

City & State  
**Orlando, FL 32801**

City & State  
**Orlando, FL 32802-1526**

4. FEI Number **59-1969941**

Applied For

Not Applicable

Zip  
**32801**

Country  
**USA**

Zip  
**32802-1526**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

**BLACKFORD, ROBERT N ESQ.  
MAGUIRE, VOORHIS & WELLS, P.A.  
TWO SOUTH ORANGE AVENUE  
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code  
**32801**

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.

**\$0.00**

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 # **601872**  
NAME **MAGUIRE, VOORHIS, WELLS**  
STREET ADDRESS **TWO SOUTH ORANGE AVENUE**  
CITY - ST - ZIP **ORLANDO FL**

DOCUMENT #  
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13. ADDRESS CHANGES ONLY

STREET ADDRESS **Maguire, Voorhis & Wells, P.A.  
200 S. Orange Avenue, Suite 2600**  
CITY - ST - ZIP **Orlando, FL 32801**

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**200003335472--9  
-07/25/00--01067--003**

**\*\*\*\*\*88.75 \*\*\*\*\*88.75**

**200003335472--9  
-07/25/00--01067--004**

**\*\*\*\*\*52.50 \*\*\*\*\*52.50**

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:

**ST. MAGUIRE, VOORHIS & WELLS, P.A.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/28/00**

Date

**407-244-1134**  
**DD**

Daytime Phone #