

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAY -1 PM 5:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A09833

1. Entity Name

SUGARLOAF MOUNTAIN (A) GROVES, LTD.

Principal Place of Business

5015 SOUTH FLORIDA AVENUE, SUITE 200
LAKELAND FL 33813

Mailing Address

5015 SOUTH FLORIDA AVENUE, SUITE 200
LAKELAND FL 33813

2. Principal Place of Business

500 S. Florida Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 700

City & State

Lakeland FL

City & State

Zip

33801

Country

FLOR

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

59-2079390

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PETER A. MCFARLANE, P.A.

5015 SOUTH FLORIDA AVENUE, SUITE 215
LAKELAND FL 33813

7. Name and Address of New Registered Agent

Name

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

500 S. Florida Avenue

Suite 715

City

Lakeland

FL

Zip Code

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.

\$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 # 616872
NAME CENTURY REALTY FUNDS, INC
STREET ADDRESS 5015 S. FLORIDA AVE, 200
CITY-ST-ZIP LAKELAND FL

BK

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

500 S. Florida Ave. Suite 700

CITY-ST-ZIP

Lakeland FL 33801

STREET ADDRESS

CITY-ST-ZIP

000005538350--9

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****150.00 ****150.00

STREET ADDRESS

CITY-ST-ZIP

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

4/30/02

Date

Daytime Phone #

CR2E003 (9/01)

0014376 AT