

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 25, 2000 08:00 AM
Secretary of State

DOCUMENT # **A12485**

1. Entity Name
SPRINGTREE INVESTORS, LTD.

Principal Place of Business	Mailing Address
400 E. SOUTH ST. SUITE 500 ORLANDO 32801	400 E. SOUTH ST. SUITE 500 ORLANDO 32801
FL	FL

2. Principal Place of Business 450 S. ORANGE AVENUE	3. Mailing Address 450 S. ORANGE AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ORLANDO FL	City & State ORLANDO FL
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Zip 32801	Country	Zip 32801	Country
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4. FEI Number 59-2229346	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BOURNE ROBERT A
400 E. SOUTH ST.
SUITE 500
ORLANDO
32801
US

7. Name and Address of New Registered Agent

Name BOURNE ROBERT A
Street Address (P.O. Box Number is Not Acceptable) 450 S. ORANGE AVENUE
City ORLANDO
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 _____ DATE **02/25/2000**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. 1,075,000.00	10. Amount of Capital Contributions in FLORIDA to date. 1,075,000.00	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 #	NAME	STREET ADDRESS	STREET ADDRESS	CITY-ST-ZIP	
	BOURNE ROBERT A	400 E. SOUTH ST. #500	450 S. ORANGE AVENUE	ORLANDO FL 32801	
		ORLANDO FL			
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS	CITY-ST-ZIP	
	SENEFF JAMES MJR.	400 E. SOUTH ST. #500	450 S. ORANGE AVENUE	ORLANDO FL 32801	
		ORLANDO FL			
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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: JAMES M. SENEFF JR.

DATE: 02/25/2000