

2001 UNIFORM BUSINESS REPORT (UBR)

00022 3 AF

DOCUMENT # **A13030**

1. Entity Name

815 NORTH MAGNOLIA, LTD.

FILED

Handwritten signature

Principal Place of Business

**815 NORTH MAGNOLIA AVE.
ORLANDO FL 32803**

Mailing Address

**815 NORTH MAGNOLIA AVE.
ORLANDO FL 32803**

01 JAN 29 AM 11:41

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KREUTER, WILLIAM E.
940 HIGHLAND AVENUE
ORLANDO FL 32803**

Name

William E. Kreuter

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

3117 Edgewater Drive

City

Orlando

FL

Zip Code

32804

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.

\$6,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #	
NAME	SUNSHINE, HERBERT
STREET ADDRESS	732 ENSENADA DR.
CITY-ST-ZIP	ORLANDO FL
DOCUMENT #	
NAME	FRAZIER, WILLIAM E.
STREET ADDRESS	1305 BELMONT DR.
CITY-ST-ZIP	ORLANDO FL
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	700003630247-2
CITY-ST-ZIP	02/02/01 01042 021
	****141.25 ****141.25
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:

WILLIAM E FRAZIER
Handwritten signature

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/25/01

Date

407 425 3401

Daytime Phone #

CR2E003 (11/00)