

2002 UNIFORM BUSINESS REPORT (UBR)

0014227 AT

DOCUMENT # A13091

1. Entity Name
EDGEWOOD PLAZA, LTD.

FILED

02 MAY -1 PM 6:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
520 SOUTH FLORIDA AVE.
P.O. BOX 1667
LAKELAND FL 33801

Mailing Address
520 SOUTH FLORIDA AVE.
P.O. BOX 1667
LAKELAND FL 33801

2. Principal Place of Business
500 S. FLORIDA AVE

3. Mailing Address
500 S. FLORIDA AVE

Suite, Apt. #, etc.
Suite 700

Suite, Apt. #, etc.
Suite 700

City & State
Lakeland FL

City & State
Lakeland FL

Zip
33801

Zip
33801

DUE BY MAY 1, 2002

4. FEI Number
59-2213104

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LINDSEY, GEORGE M III
520 S. FLORIDA AVE.
LAKELAND FL 33801

Name
Peter A McFarlane PA
Street Address (P.O. Box Number is Not Acceptable)
500 S. FLORIDA AVE
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 Peter A McFarlane 4/30/02
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions
as Shown on record. \$250,000.00

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 # F92402
NAME ANCHOR PROPERTY DEVELOPM
STREET ADDRESS 520 S.FLORIDA AVE.BX1667
CITY-ST-ZIP LAKELAND FL

STREET ADDRESS 500 S. FLORIDA AVE Suite 700
CITY-ST-ZIP Lakeland FL 33801

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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500005538215--9
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****535.00 ****150.00

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****535.00 ****535.00

DOCUMENT #
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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

4/30/02 863 647 1581
Date Daytime Phone #

CR2E003 (9/01)