

# 2001 UNIFORM BUSINESS REPORT (UBR)

0001820 AF

DOCUMENT # **A16284**

1. Entity Name

**MAITLAND INVESTORS, LTD.**

Principal Place of Business

**29012 ISLAND CLUB DR.  
DEER ISLAND FL 32778**

Mailing Address

**29012 ISLAND CLUB DR.  
DEER ISLAND FL 32778**

**FILED**

**01 MAR 12 AM 10:39**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**N/A**

3. Mailing Address

**N/A**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2366166**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ROGERS, THOMAS**

**29012 ISLAND CLUB DR.  
DEER ISLAND FL 32778**

Name

**N/A**

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

City

**FL**

Zip Code

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

**N/A**

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.

**\$266,312.26**

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  
STREET ADDRESS  
CITY-ST-ZIP  
**ROGERS, THOMAS R.  
1557 REBECCA PLACE  
LONGWOOD FL 32779**

STREET ADDRESS  
CITY-ST-ZIP  
**29012 Island Club Dr.  
Deer Island, FL. 32778**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP  
**300003851373--2  
-03/13/01-01114-012  
\*\*\*\*535.00 \*\*\*\*535.00**

DOCUMENT #  
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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:

*Thomas Rogers* **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**3/6/01**

Date

**(407) 869-1680**

Daytime Phone #

CR2E003 (11/00)