

2000 UNIFORM BUSINESS REPORT (UBR)

0000889 AF

DOCUMENT # A17468
 1. Entity Name
ORANGEMONT VILLAGE LTD.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 MAR 24 AM 11:52



MJH

DO NOT WRITE IN THIS SPACE

Principal Place of Business
 20721 S.W. 46TH AVENUE
 NEWBERRY FL 32669

Mailing Address
 20721 S.W. 46TH AVENUE
 NEWBERRY FL 32669-4714

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **59-2703135**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
DAVIS, RONNIE C.
20721 S.W. 46TH AVENUE
NEWBERRY FL 32669

7. Name and Address of New Registered Agent
 Name **Norita V. Davis**
 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 (NOTE: Registered Agent signature required when reinstating)

DATE **3/5/00**

9. Capital Contributions as Shown on record. **\$100.00**

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 # NAME STREET ADDRESS CITY - ST - ZIP	DAVIS, RONNIE C. 5700 SW 34TH STREET GAINESVILLE FL
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY - ST - ZIP	20721 SW 46th Ave Newberry FL 32669
STREET ADDRESS CITY - ST - ZIP	
STREET ADDRESS CITY - ST - ZIP	800003197888--7 -04206200--01040--004 ***150.00 ***150.00
STREET ADDRESS CITY - ST - ZIP	
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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: **3/5/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (9/99)