

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A18328

1. Entity Name

LEE POINT, LTD.

FILED

00 APR -5 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

950 N. ORLANDO AVE.
STE. #210 100
WINTER PARK FL 32789

Mailing Address

950 N. ORLANDO AVE.
STE. #210 100
WINTER PARK FL 32789-2934

2. Principal Place of Business

SAME
Suite, Apt. #, etc.
SUITE 100

3. Mailing Address

SAME
Suite, Apt. #, etc.
SUITE 100

City & State
SAME

City & State
SAME

4. FEI Number 59-2577459

Applied For
Not Applicable

Zip SAME Country USA

Zip SAME Country USA

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

6. Name and Address of Current Registered Agent

DURRANCE, FRANK M
950 N. ORLANDO AVE.
SUITE 210 100
WINTER PARK FL 32789-2365

7. Name and Address of New Registered Agent

Name SAME
Street Address (P.O. Box Number is Not Acceptable)
SUITE 100
City SAME FL Zip Code SAME

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.

\$150,000.00

10. Amount of Capital Contributions in FLORIDA to date.

150,000.00

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 DURRANCE, FRANK M
STREET ADDRESS 950 N. ORLANDO AVE., #210 100
CITY - ST - ZIP WINTER PARK FL

13. ADDRESS CHANGES ONLY

STREET ADDRESS 950 N. ORLANDO AVE, SUITE 100
CITY - ST - ZIP WINTER PARK, FL 32789

DOCUMENT #
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DATE

Daytime Phone #

CR2E003 (9/99)