

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



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

3. Mailing Address

SAME
Suite, Apt. #, etc.
SUITE 100

SAME
Suite, Apt. #, etc.
SUITE 100

DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/1/2000

9. Capital Contributions as Shown on record. **\$150,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **150,000⁰⁰**

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

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

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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/1/2000 **407/647-0746**
Date Daytime Phone #

CR2E003 (9/99)