

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A18866

1. Entity Name
LOMA LINDA LIMITED - INDIAN RIVER COUNTY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 13 AM 11:43

Principal Place of Business
35543 ESTES RD.
EUSTIS FL 32736

Mailing Address
P.O. BOX 1946
EUSTIS FL 32727-1946



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2494901**

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

**CLOUD, JERRY D.
35543 ESTES RD.
EUSTIS FL 32736**

Name
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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$1,000,000.00**

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 # **160242**
NAME **LOMA LINDA CORPORATION**
STREET ADDRESS **500 N. MAITLAND AVE. #107**
CITY - ST - ZIP **MAITLAND FL**

STREET ADDRESS **35543 Estes Road**
CITY - ST - ZIP **Eustis, FL 32736**

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STREET ADDRESS **900003237699--9**
CITY - ST - ZIP **-05/03/00--01107--010**
******526.25 ****526.25**

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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

4/15/00 (352) 589-8820
Date Daytime Phone #

CR2E003 (9/99)