

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A19275**

1. Entity Name

TERRAIN DEVELOPERS, LTD.

Principal Place of Business

**207 WEEPINPELM W
LONGWOOD FL 32779**

Mailing Address

**207 WEEPINPELM W
LONGWOOD FL 32779**

2. Principal Place of Business

217 East Canton Avenue

Suite, Apt. #, etc.

3. Mailing Address

217 East Canton Avenue

Suite, Apt. #, etc.

City & State

Winter Park, Florida

Zip
32789

Country
USA

City & State

Winter Park, Florida

Zip
32789

Country
USA

4. FEI Number

59-2474724

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BONUS, PHILIP F

170 EAST WASHINGTON STREET

ORLANDO FL 32801

7. Name and Address of New Registered Agent

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

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.

\$342,000.00

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

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**JAFFE, BERNARD
207 WEEPING ELEM LN.
LONGWOOD FL 32779**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

217 East Canton Avenue

CITY-ST-ZIP

Winter Park, Florida 32789

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

400003784094--5

-02/28/01--01007--006

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DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

400003784094--5

-02/28/01--01007--007

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DOCUMENT #

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STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Bernard Jaffe

02/01/01 407-865-9598

Date

Daytime Phone #

CR2E003 (11/00)

0020357
SP