

2002 UNIFORM BUSINESS REPORT (UBR)

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A7

DOCUMENT # **A19822**

1. Entity Name

SUNVEST, LTD. II

FILED

02 MAY -1 PM 6:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**5015 S. FLORIDA AVE., SUITE 200
LAKELAND FL 33813**

Mailing Address

**P.O. BOX 5252
LAKELAND FL 33807**

2. Principal Place of Business

500 S. FLORIDA AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite 700

City & State

Lakeland FL

City & State

Zip

Country

Zip

Country

33801

DUE BY MAY 1, 2002

4. FEI Number

59-2625039

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCFARLANE, PETER A.

**5015 S. FLORIDA AVE., SUITE 215
LAKELAND FL 33813**

7. Name and Address of New Registered Agent

Name

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

500 S. FLORIDA AVE

Suite 715

City

Lakeland

FL

Zip Code

33801

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.

DATE

9. Capital Contributions
as Shown on record.

\$20,000.00

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 # **G93950**
NAME **PROCO PROPERTIES, INC.**
STREET ADDRESS **5015 S. FLA. AVE. #215**
CITY-ST-ZIP **LAKELAND FL**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **500 S. Florida Ave Suite 700**
CITY-ST-ZIP **Lakeland FL 33801**

DOCUMENT #
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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

4/30/02

Date

863 647 1581

Daytime Phone #

CR2E003 (9/01)