

# 2001 UNIFORM BUSINESS REPORT (UBR)

0001757 AF

DOCUMENT # **A19907**

1. Entity Name

**SANFORD CENTRAL PARK LTD.**

**FILED**

Principal Place of Business

**488 W. Highbanks Road  
DeBary FL 32713**

Mailing Address

**488 W. Highbanks Road  
DeBary FL 32713**

**01 APR 23 PM 12:38**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2507703**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BAUERLE, DONALD C., JR.  
488 W. Highbanks Road  
DeBary FL 32713**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record.

**\$1,600,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**1,600,000.**

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 # **H47388**  
NAME **CBC INDUSTRIAL PARK INC**  
STREET ADDRESS **488 W. Highbanks Road**  
CITY-ST-ZIP **DeBary FL 32713**

STREET ADDRESS

CITY-ST-ZIP

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**\*\*\*\*\*526.25 \*\*\*\*\*526.25**

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

**4-17-01**

Date

Daytime Phone #

**407-668-4491**

CR2E003 (11/00)