

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVE
AND
FILED

0016379 AT

02 APR 25 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # **A20945**

1. Entity Name
NEWELL HILL VILLAS LIMITED

Principal Place of Business
**678 W. BAY ST.
WINTER GARDEN FL 34787**

Mailing Address
**678 W. BAY ST.
WINTER GARDEN FL 34787**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2576355

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

GREENE, CLAUDE L. JR.

**13820 S. HWY. 441
MICANOPY FL 32667**

Name

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

City

FL

Zip Code
34787

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 *Claude L. Greene*
Signature, typed or printed name of registered agent and title if applicable

Toni G. Stephens

DATE

9. Capital Contributions
as Shown on record. **\$286,700.00**

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
**GREENE, CLAUDE L. JR.
678 W BAY ST.
WINTER GARDEN FL 34787**

STREET ADDRESS
CITY-ST-ZIP

600005451476--9
05/03/02-01110-010
*******535.00 *****535.00**

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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:

Claude L. Greene
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: *4/1/02*

Daytime Phone # *407 686 6226*

CR2E003 (9/01)