

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A20945.**

1. Entity Name
NEWELL HILL VILLAS LIMITED



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUL -1 AM 9:53

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

DUE BY MAY 1, 2003

Zip

Country

Zip

Country

4. FEI Number **59-2576355**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional

Fee Required **437.50**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEPHENS, TONI

678 W. BAY ST.

WINTER GARDEN FL 34787

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. I am familiar with, and accept the obligations of registered agent.

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

DATE

9. Capital Contributions
as Shown on record.

\$286,700.00

10. Amount of Capital Contributions
in FLORIDA to date.

286,700.00

11. MAKE CHECK PAYABLE TO FL. 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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

500018462995
05/07/03--01094--026 **446.25

DOCUMENT #
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500018462995
07/01/03--01029--001 **88.75

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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: **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/7/03

Date

4076866226

Daytime Phone #

CR2E003 (10/02)

0016841 AT