

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A21185**

1. Entity Name

**ORCHID LAKE INVESTMENTS, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -1 PM 1:33



DO NOT WRITE IN THIS SPACE

Principal Place of Business

6709 RIDGE ROAD  
SUITE 200  
PORT RICHEY FL 34668

Mailing Address

6709 RIDGE ROAD  
SUITE 200  
PORT RICHEY FL 34668-6883

2. Principal Place of Business

**8801 RIVER CROSSING BLVD**

3. Mailing Address

**P.O. Box 2108**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**NEW PORT RICHEY**

City & State

**ELFERS, FL**

Zip

Country

**34665**

**USA**

Zip

Country

**34680-2108**

**USA**

4. FEI Number

**59-2682792**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ORCHID LAKES INVESTMENTS, INC.**

**JOHN E. HUDSON, PRESIDENT**

**6709 RIDGE ROAD, SUITE 200**

**PORT RICHEY FL 33568**

7. Name and Address of New Registered Agent

Name

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

**8801 RIVER CROSSING BLVD**

City

**NEW PORT RICHEY**

FL

Zip Code

**34665**

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.

**\$1,000.00**

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 # **H84164**  
NAME **ORCHID LAKE INVESTMENTS**  
STREET ADDRESS **29656 US HWY 19 N STE 100**  
CITY - ST - ZIP **CLEARWATER FL**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #