

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

DOCUMENT # **A22878**

1. Entity Name  
**THE CROSSINGS OF ORLANDO, LTD.**

00 APR -5 PM 12:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*4/19*



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
701 BRICKELL AVE.  
SUITE 1400  
MIAMI FL 33131

Mailing Address  
701 BRICKELL AVE.  
SUITE 1400  
MIAMI FL 33131-2820

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2693103**

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

**PITTS, W. DOUGLAS**  
701 BRICKELL AVENUE  
SUITE 1400  
MIAMI FL 33131

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. **\$5,000.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **M34390**  
NAME **LANCASTER DEVCORP, INC.**  
STREET ADDRESS **701 BRICKELL AVE. #1400**  
CITY-ST-ZIP **MIAMI FL**

STREET ADDRESS  
CITY-ST-ZIP **800003217188--8**  
**-04/21/00--01001--021**

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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** *1/11/00* **305-378-8467**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER (Date Daytime Phone #)  
*Douglas H. Bridger, Treasurer*