

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A23024**

1. Entity Name

**ROBINSON PROPERTY LTD.**

Principal Place of Business

% LAUREL HOMES, INC.  
PO BOX 300789, 150 OXFORD RD  
FERN PARK FL 32730-0789

Mailing Address

% LAUREL HOMES, INC.  
PO BOX 300789, 150 OXFORD RD  
FERN PARK FL 32730-0789

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1559654**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DUE BY MAY 1, 2002**

6. Name and Address of Current Registered Agent

**ROBINSON, JOSEPH D. IV  
150 OXFORD RD.  
FERN PARK FL 32730**

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

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

DATE

9. Capital Contributions  
as Shown on record.

**\$250,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**\$250,000.00**

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  
**ROBINSON, PETER G.  
3201 CARDINAL DR.  
VERO BEACH FL 32960**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ROBINSON, JOSEPH D., IV  
150 OXFORD RD., STE. #140  
FERN PARK FL 32730**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ROBINSON, LAURA CARROLL  
2300 BARBADOS DRIVE  
WINTER PARK FL 32792**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

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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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Joseph D. Robinson, IV**

**2/27/02**

**407-831-2211**

Date

Daytime Phone #

APPROVED  
AND  
FILED

02 MAR -6 AM 10:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



0007860  
AT

CR2E003 (9/01)

STAPLE CHECK HERE