

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A23659

1. Entity Name

SUNFLOWER TRAIL ESTATES, LTD.

Principal Place of Business

CITRUS CENTER
255 S. ORANGE AVE., STE. 1000
ORLANDO FL 32802

Mailing Address

CITRUS CENTER
255 S. ORANGE AVE., STE. 1000
ORLANDO FL 32801-3445

2. Principal Place of Business

3. Mailing Address

P.O. Box 231

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Orlando FL

Zip

Country

32801

Zip

32802-0231

Country

USA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 13 AM 11:43

[Signature]



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2766201

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EIDSON, GEORGE T., JR.
2414 E. CENTRAL BLVD.
ORLANDO FL 32806

7. Name and Address of New Registered Agent

Name George T. Eidson, Jr.
Street Address (P.O. Box Number is Not Acceptable) 255 S. Orange Avenue, Suite 1000
City Orlando FL Zip Code 32801

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 typewritten printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$2,629,046.63

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 #
NAME EIDSON, GEORGE T. JR.
STREET ADDRESS 2414 E. CENTRAL BLVD.
CITY-ST-ZIP ORLANDO FL

DOCUMENT #
NAME MCGOVERN, MICHAEL
STREET ADDRESS 65 MARYEANNA DR NE
CITY-ST-ZIP ATLANTA GA

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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] P- 4/11/00 407-843-7860
George T. Eidson, Jr.
Date Daytime Phone #