

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A23659**

1. Entity Name

SUNFLOWER TRAIL ESTATES, LTD.

FILED

02 FEB -1 AM 7:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

CITRUS CENTER

P.O. BOX 231

255 S. ORANGE AVE., STE. 1000

ORLANDO FL 32802-0231

ORLANDO FL 32801



2. Principal Place of Business

3. Mailing Address

ATTN: GEORGE T. EIDSON, JR.

C/O GEORGE T. EIDSON, JR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

255 S. ORANGE AVE., SUITE 1000

P.O. BOX 231

City & State

City & State

ORLANDO FL

ORLANDO FL

Zip

Country

Zip

Country

32801

32802-0231

DUE BY MAY 1, 2002

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

7. Name and Address of New Registered Agent

EIDSON, GEORGE T., JR.

CITRUS CENTER

255 S. ORANGE AVE., STE. 1000

ORLANDO FL 32802

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

\$2,629,046.63

as Shown on record.

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 #

NAME

STREET ADDRESS

CITY-ST-ZIP

EIDSON, GEORGE T. JR.

2414 E. CENTRAL BLVD.

ORLANDO FL

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

MCGOVERN, MICHAEL

65 MARYEANNA DR NE

ATLANTA GA

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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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

1/29/02

Date

407-843-7860

Daytime Phone #

CR2E003 (9/01)