

2002 UNIFORM BUSINESS REPORT (UBR)

0016341 AT

DOCUMENT # **A25183**

1. Entity Name

SKYTOP GROVE, LTD.

FILED

02 MAY -1 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**12515 LAKE BUYNAC CT.
WINDERMERE FL 34786**

Mailing Address

**P.O. BOX 289
WINDERMERE FL 34786**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

59-2030827

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

**HAWTHORNE, CHARLES E. JR.
12515 LAKE BUYNAC CT.
WINDERMERE FL 34786**

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

\$33,500.00

10. Amount of Capital Contributions
in FLORIDA to date.

33,500.00

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	DOWLING, RICHARD O.
STREET ADDRESS	7105 S.W. 96TH ST.
CITY-ST-ZIP	MIAMI FL
DOCUMENT #	
NAME	HAWTHORNE, CHARLES E. JR
STREET ADDRESS	12515 LAKE BUYNAC CT.
CITY-ST-ZIP	WINDERMERE FL
DOCUMENT #	
NAME	LYONS, DOUGLAS S.
STREET ADDRESS	3093 O'BRIEN DRIVE
CITY-ST-ZIP	TALLAHASSEE FL
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	700005506987--9
CITY-ST-ZIP	-05/13/02--01086--005
	****323.25 ****323.25
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/27/02

**(407)
592-0808**

CR2E003 (9/01)