

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAR 30 AM 9:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*mf 4/10*

DOCUMENT # A25853

1. Entity Name

ORLANDO WEST PARTNERS, LTD.

Principal Place of Business

Mailing Address

2. Principal Place of Business

250 Crown Oak Centre Dr

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Longwood, FL 32750

City & State

Zip  
32750

Country  
Seminole

Zip

Country

4. FEI Number

59-2886285

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

David W. Phillips  
250 Crown Oak Centre Dr.  
Longwood, FL 32750

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

950,000

10. Amount of Capital Contributions  
in FLORIDA to date.

950,000

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 # M93505  
NAME Unitary Financial Organization, Inc.  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS 250 Crown Oak Centre Dr.  
CITY-ST-ZIP Longwood, FL 32750

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP 000003206450--3  
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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

*David W. Phillips*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

28 March 2000 407-332-7754

CR2E003 (9/99)