

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A26762**

1. Entity Name

KYNG'S HEATH VIII, LTD.

FILED

02 JAN 14 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAJ



Principal Place of Business

**284 PARK AVENUE NORTH
WINTER PARK FL**

Mailing Address

**284 PARK AVENUE NORTH
WINTER PARK FL**

2. Principal Place of Business

284 Park Ave North

3. Mailing Address

284 Park Avenue North

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

Suite A

City & State

Winter Park, FL

City & State

Winter Park, FL

Zip

32789

Country

Zip

32789

Country

DUE BY MAY 1, 2002

4. FEI Number

59-2882061

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

KINGSLAND, ROBERT S.

284 PARK AVENUE NORTH

WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

Robert S. Kingsland

Street Address (P.O. Box Number Not Acceptable)

284 Park Ave North

Suite A

City

Winter Park

FL

Zip Code
32789

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

Robert S. Kingsland

1/9/02

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

DATE

9. Capital Contributions

\$1,055,830.00

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 # **G58332**
NAME **GOLDEN TRIANGLE DEVELOPMENT COMPANY, INC.**
STREET ADDRESS **284 PARK AVE.**
CITY-ST-ZIP **WINTER PARK FL**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**500004789195--2
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******526.25 ****526.25**

DOCUMENT #
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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)(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:

Robert S. Kingsland
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/9/02

Date

407-629-0244

Daytime Phone #

CR2E003 (9/01)