

2000 UNIFORM BUSINESS REPORT (UBR)

0017879 A

DOCUMENT # **A28709**

1. Entity Name
FRIENDLY VILLAGE LANCASTER ASSOCIATES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUN -6 PM 1:33

Principal Place of Business
**800 NEWPORT CENTER DRIVE
SUITE 400
NEWPORT BEACH CA 92660**

Mailing Address
**800 NEWPORT CENTER DRIVE
SUITE 400
NEWPORT BEACH CA 92660-6316**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **95-3650578** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**SHERWOOD, JOSEPH
2500 MAITLAND CENTER, PKWY 105
MAITLAND FL 32751**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$1,334,722.00**

10. Amount of Capital Contributions in FLORIDA to date. **1,334,722.00**

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 #	P25579	STREET ADDRESS	STREET ADDRESS	
NAME	CLAYTON WILLIAMS & SHERWOOD FINANCIAL GROU	CITY - ST - ZIP	CITY - ST - ZIP	
STREET ADDRESS	800 NEWPORT CENTER DRIVE			
CITY - ST - ZIP	NEWPORT BEACH CA			
DOCUMENT #		STREET ADDRESS	STREET ADDRESS	
NAME		CITY - ST - ZIP	CITY - ST - ZIP	
STREET ADDRESS				
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NAME		CITY - ST - ZIP	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: **6/1/00 (949) 640-4200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #