

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A29396**

1. Entity Name

**ADM3 PARTNERS, LTD.**

FILED

00 JAN 24 PM 4:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

2164 DEER HOLLOW CIRCLE  
LONGWOOD FL 32779

Mailing Address

2164 DEER HOLLOW CIRCLE  
LONGWOOD FL 32779-7004

2. Principal Place of Business

**13817 VIA ROMA CIR**

3. Mailing Address

**PO Box 121799**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**CLERMONT**

City & State

**CLERMONT, FL**

Zip

Country

**34711 LAKE**

Zip

Country

**34712 LAKE**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-2936169**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**PLEUS, ROBERT J ESQ.  
255 S. ORANGE AVENUE  
ORLANDO FL 32801**

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 replacing)

9. Capital Contributions as Shown on record. **\$896,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$896,000.00**

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

DOCUMENT # **J80829**  
NAME **P.E.I. HOMES, INC.**  
STREET ADDRESS **2164 DEER HOLLOW CIRCLE**  
CITY - ST - ZIP **LONGWOOD FL**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **PO Box 121799**  
CITY - ST - ZIP **CLERMONT, FL 34712**

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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**

Date

Daytime Phone #

**1-13-2000**