

2001 UNIFORM BUSINESS REPORT (UBR)

0001813 AF

DOCUMENT # **A30094**

1. Entity Name

COUNTRY CLUB SQUARE SHOPPING CENTER, LTD.

FILED

01 APR 16 PM 12:38

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



Principal Place of Business

Mailing Address

% KEVIN SPOLSKI

% KEVIN SPOLSKI

~~2805 CARRIER AVE.~~

~~2805 CARRIER AVE.~~

~~SANFORD FL 32773~~

~~SANFORD FL 32773~~

2. Principal Place of Business

1425 E. Airport Blvd.

3. Mailing Address

1425 E. Airport Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Sanford, FL

City & State

Sanford, FL

4. FEI Number

59-3056690

Applied For

Not Applicable

Zip

32773

Country

USA

Zip

32773

Country

USA

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

SPOLSKI, KEVIN

~~2805 CARRIER AVENUE~~

~~SANFORD FL 32773~~

Name

Spolski, Kevin

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

1425 E. Airport Blvd.

City

Sanford

FL

Zip Code

32773

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 Kevin J. Spolski **4/10/01**

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.

\$3,200,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **L66158**
NAME **SANFORD SHPPNG CNTR, INC.**
STREET ADDRESS ~~2805 CARRIER AVE.~~
CITY-ST-ZIP ~~SANFORD FL~~

STREET ADDRESS **1425 E. Airport Boulevard**
CITY-ST-ZIP **Sanford, FL 32773**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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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:

Kevin J. Spolski, as President

4/10/01

Date

407-322-8424

Daytime Phone #

CR2E003 (11/00)