

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A30138**

1. Entity Name

W. T. OF PORT ORANGE, LTD.

Principal Place of Business

~~2296 W. AIRPORT BLVD
SANFORD FL 32771~~

Remove

Mailing Address

~~2296 W. AIRPORT BLVD
SANFORD FL 32771~~

2. Principal Place of Business

3250 Mary St

Suite, Apt. #, etc.

Suite 306

City & State

Miami, Florida

Zip

33133

Country

USA

3. Mailing Address

3250 Mary St.

Suite, Apt. #, etc.

Suite 306

City & State

Miami, Florida

Zip

33133

Country

USA

4. FEI Number

59-1352643

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

~~GANFLOR MANAGEMENT, INC.~~

Remove

~~2296 W. AIRPORT BLVD~~

~~SANFORD FL 32771~~

7. Name and Address of New Registered Agent

Name

Alan W. Levine, Esp.

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

1110 Brickell Ave

7th Floor

City

Miami

FL

Zip Code

33131

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]

ALAN W. LEVINE

(NOTE: Registered Agent signature required when reinstating)

2-26-01

DATE

9. Capital Contributions
as Shown on record.

\$500,000.00

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

DOCUMENT #

P96000009917

NAME

~~WILLOW TRAILS, INC.~~

Remove

STREET ADDRESS

~~2296 W. AIRPORT BLVD~~

CITY - ST - ZIP

~~SANFORD FL 32771~~

DOCUMENT #

NAME

Port Orange B.P. Inc.

STREET ADDRESS

3250 Mary St., Suite 306

CITY - ST - ZIP

Miami, FL 33133

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

600004163316--9

-05/08/01--01127--003

******526.25 ****526.25**

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: *[Signature]*

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Paul C. Steinth, President

Date

Daytime Phone #

CR2E003 (11/00)

0001391 AF

FILED

01 APR 23 AM 10:30

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE