

# 2002 UNIFORM BUSINESS REPORT (UBR)

0000198 AT

DOCUMENT # **A30429**

1. Entity Name

**CASTLENORTH PROPERTIES, LTD.**

**FILED**  
02 OCT -1 AM 8:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**2141 WEST CHURCH STREET  
ORLANDO FL 32805**

Mailing Address  
**2141 WEST CHURCH STREET  
ORLANDO FL 32805**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY SEPTEMBER 25, 2002**

City & State

City & State

4. FEI Number **59-3052602**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**STERN, ROBERT N.**

**2141 WEST CHURCH STREET  
ORLANDO FL 32805**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions as Shown on record.

**\$100,000.00**

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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STERN, ROBERT N.  
2141 W. CHURCH STREET  
ORLANDO FL**

STREET ADDRESS

CITY-ST-ZIP

**BK**  
**600007559466--7**  
**-10/02/02--01016--002**  
**\*\*\*\*\*45.50 \*\*\*\*\*45.50**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**600007559466--7**  
**-09/06/02--01002--011**  
**\*\*\*4277.00 \*\*\*\*\*880.75**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**FF \$926.25**

DOCUMENT #  
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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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NAME  
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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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**8/27/02**

Date

**767-813-6810**

Daytime Phone #

CR2E003 (4/02)