

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016172 AT

**DOCUMENT # A30591**



1. Entity Name  
**ORAVEC ENTERPRISES, LTD.**

FILED

03 JAN 24 PM 12: 02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**13205 OLD CRYSTAL RIVER ROAD  
BROOKSVILLE FL 34601**

Mailing Address  
**13205 OLD CRYSTAL RIVER ROAD  
BROOKSVILLE FL 34601**

2. Principal Place of Business  
*13201 Old Crystal River Rd*

3. Mailing Address  
*13201 Old Crystal River Rd*

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **59-3028703**

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**

**ORAVEC, ANDREW, JR.  
13205 OLD CRYSTAL RIVER ROAD  
BROOKSVILLE FL 34601**

**7. Name and Address of New Registered Agent**

Name *Beverly Lowman*  
Street Address (P.O. Box Number is Not Acceptable)  
*13201 Old Crystal River Rd*  
City *Brooksville* **FL** Zip Code *34601*

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 *Beverly Lowman* *Beverly Lowman Dir.* DATE *1/17/03*

9. Capital Contributions as Shown on record. **\$10,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO FL. 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 <b>TAYLOR, SHARON O.</b>	STREET ADDRESS	
	STREET ADDRESS <b>13209 OLD CRYSTAL RIVER RD</b>	CITY-ST-ZIP	
	CITY-ST-ZIP <b>BROOKSVILLE FL 34601</b>		
DOCUMENT #	NAME <b>LOWMAN, BEVERLY</b>	STREET ADDRESS	
	STREET ADDRESS <b>13201 OLD CRYSTAL RIVER RD</b>	CITY-ST-ZIP	
	CITY-ST-ZIP <b>BROOKSVILLE FL 34601</b>		
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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: *Beverly Lowman* DATE *1/17/03* DAYTIME PHONE # *(352) 770-3449*

CR2E003 (10/02)