

# 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT #

1. Entity Name

Sevilla Holding, LTD

A 30859

FILED  
01 MAY 18 AM 11:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

11595 Kelly Road  
Suite # 318  
Fort Myers, Fl. 33908

Mailing Address

11595 Kelly Road  
Suite # 318  
Fort Myers, Fl. 33908

2. Principal Place of Business

15550 Kilbirnie Drive  
Suite, Apt. #, etc.

3. Mailing Address

15550 Kilbirnie Drive  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Fort Myers, Florida

City & State

Fort Myers, Florida

4. FEI Number

65-0230774

Applied For

Not Applicable

Zip  
33912

Country  
USA

Zip  
33912

Country  
USA

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

Sevilla Holding, LTD  
15550 Kilbirnie Drive  
Fort Myers, Fl. 33912

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 reinstating)

DATE

9. Capital Contributions  
as Shown on record.

330,000.00

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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
G.P.  
Gerald L. & Jacqueline Wolken  
15550 Kilbirnie Drive  
Fort Myers, Fl. 33912

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

300004417783-7  
-06/13/01--01053--010  
\*\*\*\*150.00 \*\*\*\*150.00

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: Gerald L. Wolken

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04/27/01

Date

(513)325-1543

Daytime Phone #

CR2E003 (11/00)