

2001 UNIFORM BUSINESS REPORT (UBR)

0019129 AB

DOCUMENT # **A31279**

1. Entity Name

INDEPENDENT DEVELOPMENT COMPANY, L.P. OF KISSIMM

FILED

01 APR 27 PM 12:13

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**1216 N. TUSTIN AVE.
ORANGE CA 92867**

Mailing Address

**1216 N. TUSTIN AVE.
ORANGE CA 92867**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

204 E. 17TH STREET

Suite, Apt. #, etc.

SUITE 202

City & State

COSTA MESA, CA

Zip

92627

Country

USA

4. FEI Number

33-0442485

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WILLIAMS, JIMMIE D
705 EAST OAK STREET, SUITE E
KISSIMMEE FL 34744**

7. Name and Address of New Registered Agent

Name **DECUBELLIS & MEEKS PROFESSIONAL ASSOCIATION**

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

837 NORTH GARLAND AVENUE

City **ORLANDO**

FL

Zip Code

32801

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

(NOT Registered Agent signature required when reinstating)

DATE

4/26/2001

9. Capital Contributions
as Shown on record.

\$7,500.00

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 # **P34058**
NAME **INDEPENDENT DEV. CO. INC**
STREET ADDRESS **1216 N. TUSTIN AVE.**
CITY-ST-ZIP **ORANGE CA 92867**

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS **204 E. 17TH STREET, SUITE 202**

CITY-ST-ZIP **COSTA MESA, CA 92627**

STREET ADDRESS

CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4-1-01 (949) 764-2669

CR2E003 (11/00)