

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A31331**

1. Entity Name
HAPPY TRAILS OF OSCEOLA COUNTY, LTD.

FILED
412 29
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 28 PM 12:06 *mf*



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **2613 SWEETWATER COUNTRY CLUB DRIVE APOPKA FL 32703**
Mailing Address: **2613 SWEETWATER COUNTRY CLUB DRIVE APOPKA FL 32712-2507**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	59-3056450	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired		<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LAGADE, MARIA JOSEFINA G. 2613 SWEETWATER COUNTRY CLUB DRIVE APOPKA FL 32712		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record.	\$159,235.00	10. Amount of Capital Contributions in FLORIDA to date.	46,224	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	LAGADE, MARIA JOSEFINA G	STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS	2613 SWEETWATER CC DRIVE	STREET ADDRESS	300003271289--6
CITY - ST - ZIP		CITY - ST - ZIP	-05/31/00--01015--013
DOCUMENT #		STREET ADDRESS	****412.29 ****412.29
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
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NAME		CITY - ST - ZIP	
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CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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: *Maria Josefina G. Lagade* **3/12/2000 (407) 889 2014**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)