

# 2001 UNIFORM BUSINESS REPORT (UBR)

0001749 AF

DOCUMENT # **A31331**

1. Entity Name

**HAPPY TRAILS OF OSCEOLA COUNTY, LTD.**

**FILED**  
**01 APR 26 PM 5:20**  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business <b>2613 SWEETWATER COUNTRY CLUB DRIVE APOPKA FL 32703</b>	Mailing Address <b>2613 SWEETWATER COUNTRY CLUB DRIVE APOPKA FL 32703</b>
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DO NOT WRITE IN THIS SPACE

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  
 Not Applicable

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

**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 *[Signature]*  
 Signature, typed or printed name of registered agent and title if applicable. (NOT) 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. **\$ 53,067**      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
	<b>LAGADE, MARIA JOSEFINA G</b>	<b>2613 SWEETWATER CC DRIVE</b>	<b>APOPKA FL</b>
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
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DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
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DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

STREET ADDRESS	<b>600004221316--9</b>
CITY-ST-ZIP	<b>-05/17701--01005--010</b> <b>****460.24 ****460.24</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<i>[Handwritten]</i>
CITY-ST-ZIP	<i>[Handwritten]</i>
STREET ADDRESS	
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]* **April 23/2001**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

CR2E003 (11/00)