

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A31531

1. Entity Name

OLD FLORIDA PLANTATION, LTD.

FILED *4/20*
00 APR 18 AM 8:49

SECRETARY OF STATE
 TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 7414 SPARKLING LAKE ROAD
 ORLANDO FL 32819

Mailing Address
 7414 SPARKLING LAKE ROAD
 ORLANDO FL 32819-4741

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3088093**

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

7. Name and Address of New Registered Agent

ROEDER, LOUIS III
 7414 SPARKLING LAKE ROAD
 ORLANDO FL 32819

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. **\$1,816,992.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **B9500000177**
 NAME **LUC LAKE HANCOCK LIMITED PARTNERSHIP**
 STREET ADDRESS **BOX 460, 300 GREENBRIAR RD.**
 CITY - ST - ZIP **SUMMERSVILLE WV 26651**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
 NAME **ROEDER, LOUIS III**
 STREET ADDRESS **7414 SPARKLING LAKE ROAD**
 CITY - ST - ZIP **ORLANDO FL 32819**

STREET ADDRESS

CITY - ST - ZIP

788883217707-6
-04/20/00-01113-004
******526.25 ****526.25**

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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2.11.00

Date

407.382.4194

Daytime Phone #

CR2F003 (9/99)