

2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A31531

1. Entity Name

OLD FLORIDA PLANTATION, LTD.

FILED

02 FEB 19 PM 4: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

7414 SPARKLING LAKE ROAD
ORLANDO FL 32819

Mailing Address

7414 SPARKLING LAKE ROAD
ORLANDO FL 32819

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

DUE BY MAY 1, 2002

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.

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

STREET ADDRESS
CITY-ST-ZIP

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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 REQUIRED

1.8.02

(407) 352-4194

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

PLEASE CHECK HERE