

# 2001 UNIFORM BUSINESS REPORT (UBR)

0018392 AF

DOCUMENT # **A31564**

1. Entity Name

**ORANGE CITY COUNTRY VILLAGE MOBILE HOME PARK LIM**

**FILED**

**01 MAR 29 AM 11:12**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**21415 CIVIC CENTER DRIVE, SUITE 303  
SOUTHFIELD MI 48076**

Mailing Address

**21415 CIVIC CENTER DRIVE, SUITE 303  
SOUTHFIELD MI 48076**

2. Principal Place of Business

**2300 E CRANES**

3. Mailing Address

**21411 CIVIC CENTER DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**# 306**

City & State

**ORANGE CITY FL**

City & State

**SOUTHFIELD MI**

4. FEI Number

**38-2991221**

Applied For

Not Applicable

Zip

**32763**

Country

**FLORIDA**

Zip

**48076**

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HENNE, RUSSELL  
175 COUNTRYSIDE DRIVE  
ORANGE CITY FL 32763**

7. Name and Address of New Registered Agent

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.

**\$90,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**90,000.**

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 # **G00097900258**  
NAME **RISSMAN INV. COMPANY**  
STREET ADDRESS **21415 CIVIC CNTR DR, #303**  
CITY-ST-ZIP **SOUTHFIELD MI**

DOCUMENT #  
NAME **SILLS, ARTHUR M.**  
STREET ADDRESS **6960 ORCHARD LAKE RD, 100**  
CITY-ST-ZIP **W. BLOOMFIELD MI**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

**21411 CIVIC CENTER DR, #306**

CITY-ST-ZIP

**SOUTHFIELD MI 48076**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

**1/3/01**

Daytime Phone #

CR2E003 (11/00)