

# 2002 UNIFORM BUSINESS REPORT (UBR)

0014307 AT

DOCUMENT # **A32296**

1. Entity Name

PLANTATION LANDINGS, LTD.

FILED

02 MAY -1 PM 5:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

5015 S. FLORIDA AVENUE, SUITE 200  
LAKELAND FL 33813

Mailing Address

P.O. BOX 5252  
LAKELAND FL 33807

2. Principal Place of Business

3. Mailing Address

500 S. Florida Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lakeland FL

Zip

Country

Zip

Country

33801 USA

4. FEI Number

59-3096546

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

McFARLANE, PETER A., P.A.  
5015 SOUTH FLORIDA AVENUE  
SUITE 215  
LAKELAND FL 33813

Name

Street Address (P.O. Box Number is Not Acceptable)

500 S. Florida Ave

#715

City

Lakeland

FL

Zip

33801

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.

\$5,000.00

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 # 616872  
NAME CENTURY REALTY FUNDS, INC  
STREET ADDRESS 5015 S. FLORIDA AVE #200  
CITY-ST-ZIP LAKELAND FL

STREET ADDRESS

500 S. Florida Avenue, #700

CITY-ST-ZIP

Lakeland, FL 33801

DOCUMENT # BK

STREET ADDRESS

CITY-ST-ZIP

300005538323--3

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\*\*\*150.00 \*\*\*150.00

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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 of Peter A. McFarlane*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/02

Date

Daytime Phone #

CR2E003 (9/01)