

# 2002 UNIFORM BUSINESS REPORT (UBR)

0008117 AT

DOCUMENT # **A32604**

1. Entity Name

**ORLANDO CLUB, LTD.**

FILED

2002 MAR -4 PM 3:29

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>100 W. LIVINGSTON ST. ORLANDO FL 32801</b>	Mailing Address <b>100 W. LIVINGSTON ST. ORLANDO FL 32801</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

<b>DUE BY MAY 1, 2002</b>	
4. FEI Number <b>59-3107582</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**HARMENING, W.A. II  
100 W. LIVINGSTON ST.  
ORLANDO FL 32801**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$20,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	<b>V15631</b>
NAME	<b>ORLANDO CLUB, INC.</b>
STREET ADDRESS	<b>100 W. LIVINGSTON ST.</b>
CITY-ST-ZIP	<b>ORLANDO FL 32801</b>

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>400005096914-- 2</b>
CITY-ST-ZIP	<b>83/12/02-01044-004</b>
STREET ADDRESS	<b>****228.75 ****228.75</b>
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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:  **W.A. II HARMENING**

Date **2-28-02** Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE