

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A33249**

1. Entity Name

ORANGE BLOSSOM HOMEOWNERS, LTD.

FILED

00 JAN 24 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

6730 LONE OAK BLVD.
NAPLES FL 34109

Mailing Address

6730 LONE OAK BLVD.
NAPLES FL 34109-6834

2. Principal Place of Business

9801 CHELSEA PLACE

3. Mailing Address

9801 CHELSEA PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

NAPLES, FL

4. FEI Number

65-0346042

Applied For

Not Applicable

Zip

Country

34109 COLLIER

Zip

Country

34109 COLLIER

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

**BUCK, ROBERT L.
6730 LONE OAK BLVD.
NAPLES FL 33942**

Name

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

9801 CHELSEA PLACE

City

NAPLES

FL

Zip Code

34109

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.

\$540,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

540,000.00

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 #
NAME
STREET ADDRESS
CITY - ST - ZIP

**BUCK, ROBERT L
6730 LONE OAK BLVD
NAPLES FL 34109**

STREET ADDRESS
CITY - ST - ZIP

**9801 CHELSEA PLACE
NAPLES, FL 34109**

DOCUMENT #
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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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Signature and Typed or Printed Name of Signing General Partner

Date

Daytime Phone #

941-594-6857