

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0014531 AT

DOCUMENT # A93000000274

1. Entity Name
SYLVITE SOUTHEAST, LTD.



FILED

2003 APR 23 PM 12:48

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
202 LAKE MIRIAM DR., SUITE E-7
LAKELAND FL 33813

Mailing Address
P.O. BOX 6240
LAKELAND FL 33807

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 59-3169840

Applied For

Not Applicable

Zip

Country

Zip

Country

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

VARN, WILLIAM LATANE
202 LAKE MIRIAM DR., SUITE E-7
LAKELAND FL 33813

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. \$66,600.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # V10134
NAME R.E. KELLY ASSOCIATES, INC.
STREET ADDRESS 202 LAKE MIRIAM DR., SUITE E-7
CITY-ST-ZIP LAKELAND FL 33813

STREET ADDRESS

CITY-ST-ZIP

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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] REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/21/03

Date

863-647-1551

Daytime Phone #

CH2E003 (10/02)

STATE CHECK HERE