

# 2002 UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT # A93000000395**

1. Entity Name  
**ORLANDO OUTLET WORLD, LTD.**

FILED

02 APR 11 AM 8:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business: **% LOTHAR ESTEIN, 5211 INTERNATIONAL DR, ORLANDO FL 32819**

Mailing Address: **% LOTHAR ESTEIN, 5211 INTERNATIONAL DR, ORLANDO FL 32819**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

**DUE BY MAY 1, 2002**

4. FEI Number **74-2651869**

Applied For:  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**ESTEIN, LOTHAR**  
**5211 INTERNATIONAL DRIVE**  
**ORLANDO FL 32819**

**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: **\$32,000,000.00**

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	
DOCUMENT #	<b>L92000000033</b>
NAME	<b>WELP ORLANDO OUTLET, L.C.</b>
STREET ADDRESS	<b>5211 INTERNATIONAL DRIVE</b>
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>
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	
CITY-ST-ZIP	
STREET ADDRESS	<b>700005282 727-9</b>
CITY-ST-ZIP	<b>-04/16/02--01051--002</b>
	<b>****535.00 ****535.00</b>
STREET ADDRESS	
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:** **Lothar Estein** **04-08-02** **407-354-3307**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)