

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000000599

1. Entity Name

VILLAGE CONSTRUCTION, LTD.

FILED

00 FEB 15 AM 10:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

921 LEXINGTON PARKWAY  
APOPKA FL 32712

Mailing Address

921 LEXINGTON PARKWAY  
APOPKA FL 32712-2682

2. Principal Place of Business

709 MUIRFIELD CIRCLE

Suite, Apt. #, etc.

APOPKA, FL.

City & State

3. Mailing Address

709 MUIRFIELD CIRCLE

Suite, Apt. #, etc.

APOPKA, FL.

City & State

4. FEI Number

59-3184883

Applied For

Not Applicable

Zip

32712

Country

USA

Zip

32712

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCINTOSH, DAN

LOWNDES, DROSDICK, DOSTER, KANTOR & REED

215 N. EOLA DRIVE

ORLANDO FL 32802-2809

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

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.

\$480,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$480,000

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 # P93000030303  
NAME VILLAGE CONSTRUCTION COMPANY, INC.  
STREET ADDRESS 921 LEXINGTON PARKWAY  
CITY - ST - ZIP APOPKA FL 32712

13. ADDRESS CHANGES ONLY

STREET ADDRESS 709 MUIRFIELD CIRCLE  
CITY - ST - ZIP APOPKA, FL 32712

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS  
CITY - ST - ZIP

200003145892 4  
-02/28/00--01117--014  
\*\*\*\*526.25 \*\*\*\*526.25

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

RICHARD D. WARK, GENERAL PARTNER

2/11/00 (407) 880-6789

Date

Daytime Phone #

CR2E003 (9/99)