

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0008205

AT

DOCUMENT # **A93000000844**

1. Entity Name
UNION PARK PARTNERS, LTD.



03 MAR 24 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
POST OFFICE BOX 950666
LAKE MARY FL 32795-0666

Mailing Address
POST OFFICE BOX 950666
LAKE MARY FL 32795-0666



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number **65-0429683**

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

COHN, RONALD B ESQ.
705 WEST AZEELE
TAMPA FL 33606

Name **James W. Wade**
Street Address (P.O. Box Number is Not Acceptable)
3113 Tofa Court

City **Longwood** FL Zip Code **32779**

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 **James W. Wade**

3/19/2003

9. Capital Contributions
as Shown on record.

\$585,000.00

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 # **P93000057714**
NAME **UNION PARK PROPERTIES, INC.**
STREET ADDRESS **3113 TOFA COURT**
CITY-ST-ZIP **LONGWOOD FL 32779**

STREET ADDRESS

CITY-ST-ZIP

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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

James W. Wade **3/19/03** **(407) 333-8830**

Date

Daytime Phone #

CR2E003 (10/02)