

2001 UNIFORM BUSINESS REPORT (UBR)

0015031 AF

DOCUMENT # A94000001137

1. Entity Name

SAVENOR PROPERTIES, LTD.

FILED

01 AUG -6 PM 3:25

SECRETARY OF STATE
FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
4305 HIGHLAND OAKS CIRCLE
SARASOTA FL 34235

Mailing Address
4305 HIGHLAND OAKS CIRCLE
SARASOTA FL 34235

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0313096

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

SAVENOR, JACK
4305 HIGHLAND OAKS CIRCLE
SARASOTA FL 34235

deceased

Name *Betty C. SAVENOR*

Street Address (P.O. Box Number is not acceptable) *4305 HIGHLAND OAKS CIRCLE*

City *SARASOTA* FL Zip Code *34235*

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

Betty C. Savenor
(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.

\$1,848,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME SAVENOR, JACK
STREET ADDRESS 4305 HIGHLAND OAKS CIRCLE
CITY-ST-ZIP SARASOTA FL 34235

deceased

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME SAVENOR, BESSIE C
STREET ADDRESS 4305 HIGHLAND OAKS CIRCLE
CITY-ST-ZIP SARASOTA FL 34235

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME *Ronald Savenor*
STREET ADDRESS *3 BELLANTONI DR*
CITY-ST-ZIP *ACTON, MA 01770*

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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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:

Betty C. Savenor
(Signature typed or printed name of signing general partner)

Date

Daytime Phone #

7/10/01 5085480300

CR2E003 (11/00)