

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0001628
AT

DOCUMENT # **A94000001137**

1. Entity Name
SAVENOR PROPERTIES, LTD.



FILED

03 SEP 29 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

DUE BY SEPTEMBER 24, 2003

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, BETTY C
4305 HIGHLAND OAKS CIRCLE
SARASOTA FL 34235**

Name

Street Address (P.O. Box Number is Not Acceptable)

~~08/27/03 01067 001 **526.25~~

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

9. Capital Contributions **\$1,848,000.00**
as Shown on record.

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
**SAVENOR, RONALD
3 BELLANTONI DR.
ACTON MA 01720**

STREET ADDRESS
CITY-ST-ZIP
**200022617152
08/27/03 01067 001 **526.25**

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

STREET ADDRESS
CITY-ST-ZIP
**200022617152
09/29/03 01098 016 **400.00**

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PAID

CK. NO. **0267**
DATE **8/22/03**

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

8/27/03 **508**
Daytime Phone # **848 0300**

CP2E003 (4/03)

STAPLE CHECK HERE