

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 25, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # A94000001160**

1. Entity Name  
**GODLESKI FAMILY, LTD.**

Principal Place of Business 5638 BAYSIDE DR.  ORLANDO FL 32819	Mailing Address 5638 BAYSIDE DR.  ORLANDO FL 32819
---	---

2. Principal Place of Business 9728 WYLAND COURT Suite, Apt. #, etc.	3. Mailing Address 9728 WYLAND COURT Suite, Apt. #, etc.
--	--

DO NOT WRITE IN THIS SPACE

City & State WINDERMERE FL	City & State WINDERMERE FL	4. FEI Number <b>59-3266916</b>	Applied For Not Applicable
Zip 34786	Country US	Zip 34786	Country US

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

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

**GODLESKI PETER J**  
**5638 BAYSIDE DR.**  
  
**ORLANDO FL 32819 US**

**7. Name and Address of New Registered Agent**

Name  
**GODLESKI PETER J**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9728 WYLAND COURT**  
  
 City  
**WINDERMERE FL** Zip Code  
**34786**

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 **PETER J. GODLESKI, M.D.**

**04/25/2001**

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. **535,265.52**

10. Amount of Capital Contributions in FLORIDA to date. **535,265.52**

**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 #	
NAME	<b>GODLESKI PETER J</b>
STREET ADDRESS	<b>5638 BAYSIDE DR.</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	<b>9728 WYLAND COURT</b>
CITY-ST-ZIP	<b>WINDERMERE FL 34786</b>
STREET ADDRESS	
CITY-ST-ZIP	
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: PETER J. GODLESKI, M.D.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**P** **04/25/2001**

Date Daytime Phone #

CR2E003 (11/00)