

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000001478

1. Entity Name

LIONSPAW DEVELOPMENT, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 24 AM 9:48



Principal Place of Business

17 LIONSPAW GRAND
DAYTONA BEACH FL 32124

Mailing Address

17 LIONSPAW GRAND
DAYTONA BEACH FL 32724-4341

2. Principal Place of Business

125 E. INDIANA Ave

Suite, Apt. #, etc.

Ste A-2

City & State

DeLand, FL

Zip

32724

Country

3. Mailing Address

125 E. INDIANA Ave

Suite, Apt. #, etc.

Ste A-2

City & State

DeLand, FL

Zip

32724

Country

4. FEI Number 59-3303898

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCMAHAN, RICHARD A
125 E INDIANA AVE #A-2
DELAND FL 32724

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.

\$4,048,000.00

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

DOCUMENT # 445895
NAME TRICORP, INC.
STREET ADDRESS 125 E. INDIANA AVE., SUITE A-2
CITY - ST - ZIP DELAND FL 32724

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CITY - ST - ZIP

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-21-00

Date

904-736-3799

Daytime Phone #

CP25003 10/00