

2002 UNIFORM BUSINESS REPORT (UBR)

0007642
AT

DOCUMENT # **A94000001478**

1. Entity Name

LIONSPAW DEVELOPMENT, LTD.

FILED

02 JAN 18 PM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 125 E. INDIANA AVE., STE. A-2 DELAND FL 32724	Mailing Address 125 E. INDIANA AVE., STE. A-2 DELAND FL 32724
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3303898	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

DUE BY MAY 1, 2002

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

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

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

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

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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: **SK [Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/16/02 **386-736-3799**
Date Daytime Phone #

CR2E003 (9/01)