

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000001737**

1. Entity Name

HIDDEN CREEK VILLAS, LTD.

Principal Place of Business

**800 NORTH HIGHLAND AVE., SUITE 200
ORLANDO FL 32803**

Mailing Address

**P.O. BOX 4961
ORLANDO FL 32802-4961**

FILED

02 MAR 28 PM 1:18

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

59-3291011

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**B&C CORPORATE SERVICES OF CENTRAL FLORIDA
390 N. ORANGE AVE.
SUITE 1100
ORLANDO FL 32801**

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.

DATE

9. Capital Contributions
as Shown on record.

\$86,991,000.00

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 # **P95000060612**
NAME **HIDDEN CREEK VILLAS, INC.**
STREET ADDRESS **800 NORTH HIGHLAND AVE., SUITE 200**
CITY-ST-ZIP **ORLANDO FL 32803**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

000005183910--8

04/02/02 01060 022

******526.25 ****526.25**

DOCUMENT #

NAME

STREET ADDRESS

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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

Hidden Creek Villas, Inc.

SIGNATURE:

Steven G. Kropp, President

3-25-02

407-297-1600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

0000569
AV