

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000000168**

1. Entity Name

**JUNGLELAND OF ORLANDO, LTD.**

FILED

00 FEB 10 AM 10:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

P.O. BOX 4445  
WINTER PARK FL 32793

Mailing Address

P.O. BOX 4445  
WINTER PARK FL 32860-9107

2. Principal Place of Business

Hwy.

3. Mailing Address

**4580 W. Irlo Bronson Memorial**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Kissimmee, FL**

City & State

4. FEI Number

**59-3297413**

Applied For

Not Applicable

Zip

Country

**34741**

**USA**

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

**CALABRESE, EUGENE**

**4580 W. IRLO BRONSON HIGHWAY**

**KISSIMMEE FL 34741**

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.

**\$500,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**\$500,000.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P93000048384**  
NAME **WEST WIND RANCH, INC.**  
STREET ADDRESS **30225 STATE ROAD, #44**  
CITY - ST - ZIP **EUSTIS FL 32726**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
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:

*SIGNATURE OF GENERAL PARTNER*

Jan. 27, 2000

407 788-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)