

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **A95000000940**

1. Entity Name
GATLIN OAKS LIMITED PARTNERSHIP


Principal Place of Business
100 WEST PINELOCH AVENUE
ORLANDO FL 32856-8367

Mailing Address
P.O. BOX 568367
ORLANDO FL 32856-8367

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip **Country**

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1678444**

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

6. Name and Address of Current Registered Agent

CARUSO, JAMES P
100 WEST PINELOCH AVENUE
ORLANDO FL 32856-8367

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. **\$1,052,411.28**

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			13. ADDRESS CHANGES ONLY	
DOCUMENT #	CARUSO, JAMES P 100 WEST PINELOCH AVENUE ORLANDO FL 32856-8367	STREET ADDRESS		
NAME				
CITY-ST-ZIP				
DOCUMENT #	CARUSO, AUSTIN A JR. 2024 COMPANERO AVENUE ORLANDO FL 32804	STREET ADDRESS		
NAME				
CITY-ST-ZIP				
DOCUMENT #	CARUSO, STEPHEN M 1355 SO. SUMMERLIN AVENUE ORLANDO FL 32806	STREET ADDRESS		
NAME				
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: *James P Caruso* **REQUIRED** **2/20/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)