

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000001526**

1. Entity Name

ARROWHEAD ASSOCIATES, LTD.

Principal Place of Business

**431 E. HORATIO AVE.
SUITE 200
MAITLAND FL 32751**

Mailing Address

**744 HIGHLAND AVENUE
ORLANDO FL 32803-3803**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

APR 24 AM 3:05



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

431 E. Horatio Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#200

City & State

City & State

MAITLAND, FL

Zip

Country

Zip

32751

Country

USA

4. FEI Number

59-3429644

Applied For

Not Applicable

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

CUENANT, JEAN PIERRE

431 E. HORATIO AVENUE

SUITE 200

MAITLAND FL 32751

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.

\$1,130,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **J99213**
NAME **JPC DEVELOPMENT CORPORATION**
STREET ADDRESS **431 E. HORATIO AVE., STE 200**
CITY-ST-ZIP **MAITLAND FL 32751**

STREET ADDRESS

CITY-ST-ZIP

000002249100-3
-05/11/00--01102--019
*****526.25 ***526.25**

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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: **X** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-24-00

Date

407-644-6770

Daytime Phone #

CP2E003 (9/99)