

# 2001 UNIFORM BUSINESS REPORT (UBR)

0001821 AF

DOCUMENT # **A96000000327**

1. Entity Name

**STERLING PALMS, LTD.**

FILED

01 MAY -3 PM 12:05

Principal Place of Business

**223 WILMINGTON WEST  
CHESTER PIKE  
CHADDS FORD PA 19317**

Mailing Address

**215 NORTH EOLA DRIVE  
ORLANDO FL 32801**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

**364 WILMINGTON WEST CHESTER PIKE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

**GLENN MILLS PA**

4. FEI Number

**23-2836253**

Applied For

Not Applicable

Zip

Country

Zip

**19342**

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

**BALLETTA, JAMES ESQUIRE  
215 NORTH EOLA DR.  
CHADDS FORD FL 19317**

Name

Street Address (P.O. Box Number is Not Acceptable)

**600004334856-8**

**-05/30/01--01094-015**

**\*\*\*\*141.25 \*\*\*\*141.25**

City

**ORLANDO**

**FL**

Zip Code

**32802**

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.

(NOT) Registered Agent's signature required when reinstating

DATE

9. Capital Contributions as Shown on record.

**\$990.00**

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 # **P96000010865**  
NAME **STERLING PALMS, INC.**  
STREET ADDRESS **223 WILMINGTON WEST CHESTER PIKE**  
CITY-ST-ZIP **CHADDS FORD PA 19317**

STREET ADDRESS **364 WILMINGTON WEST CHESTER PIKE**  
CITY-ST-ZIP **GLENN MILLS PA 19342**

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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

**STERLING PALMS, INC., A FLORIDA GENERAL PARTNER**

SIGNATURE BY:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**JAMES BALLETTA, VICE PRESIDENT**

Date

Daytime Phone #

CR2E003 (11/00)