

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 APR -8 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0005792 AT

DOCUMENT # A96000000533

1. Entity Name

ORMOND LAKES, LTD.

Principal Place of Business

Mailing Address

860 HULL RD.

P.O. BOX 214578

ORMOND BEACH FL 32174

SOUTH DAYTONA FL 32121-4578

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

59-3379074

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

TUMBLESON, J. DOYLE
150 SOUTH PALMETTO AVE.
SUITE A
DAYTONA BEACH FL 32114

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.

\$3,870,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$3,870,000.00

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 # P95000069522
NAME ORMOND LAKES, INC.
STREET ADDRESS 150 S. PALMETTO AVE., STE. A
CITY-ST-ZIP DAYTONA BEACH FL 32114

STREET ADDRESS

CITY-ST-ZIP

100005224501-001
04/02/02-01018-001
*****526.25 *****526.25

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

JAMES RONNIE BLEDSOE

04-02-02 (386) 761-6111

Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE