

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0006964 AT

DOCUMENT # **A96000000533**

1. Entity Name  
**ORMOND LAKES, LTD.**



FILED

2003 MAR 27 AM 10:16

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**860 HULL RD.  
ORMOND BEACH FL 32174**

Mailing Address  
**P.O. BOX 214578  
SOUTH DAYTONA FL 32121-4578**

2. Principal Place of Business

3. Mailing Address  
**P.O. Box 1626**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Ormond Beach, FL**

4. FEI Number **59-3379074**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**32175**

**USA**

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. I am familiar with, and accept the obligations of registered agent.

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 FL. 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

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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:

**JAMES RONNIE BLEDSOE**

**3-24-2003**

**386-676-1501**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE