

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000001356**

1. Entity Name

ORLANDO CENTRAL NUMBER ONE LIMITED PARTNERSHIP

Principal Place of Business

**255 S. ORANGE AVE., #1144
ORLANDO FL 32801**

Mailing Address

**PO BOX 75020
CINCINNATI OH 45275-0020**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

c/o Corporate Secretary

P.O. BOX 75020

City & State

City & State

Cincinnati OH

Zip

Country

Zip

45275-0020

Country

4. FEI Number

59-3395501

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

**BROCKMAN, CHRISTOPHER C
2 SOUTH ORANGE AVENUE
ORLANDO FL 32801**

Name

CT Corporation System

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

1200 South Pine Island Road

City

Plantation

FL

Zip Code
33324

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

Susan J. Metz
Susan J. Metz
Assistant Secretary

CT Corporation System

4/19/2000

DATE

9. Capital Contributions
as Shown on record.

\$0.00

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 # **P96000060553**
NAME **CORPOREX OCP CORPORATION**
STREET ADDRESS **255 S. ORANGE AVE., #1144**
CITY - ST - ZIP **ORLANDO FL 32801**

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

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*****150.00 ***150.00**

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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:

Myles Cairns
**Myles Cairns, Secretary of
CORPOREX OCP Corporation**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/19/2000

Date

859-292-5507

Daytime Phone #

CF2E003 (3/99)

CONFIDENTIAL