

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000002092

1. Entity Name

ARDELL H. CLELAND LIMITED PARTNERSHIP

FILED

02 MAY -3 PM 3: 28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1100 S. ORLANDO AVE., APT. 703  
MAITLAND FL 32751

Mailing Address

1100 S. ORLANDO AVE., APT. 703  
MAITLAND FL 32751

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

59-3415940

Applied For

Not Applicable

Zip

Country

Zip

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

ALLEN, THOMAS R  
14 EAST WASHINGTON ST., STE. 600  
ORLANDO FL 32801

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.

\$1,750,000.00

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 # P97000000637  
NAME AC MANAGEMENT, INC.  
STREET ADDRESS 105 EAST ROBINSON STREET, SUITE 201  
CITY-ST-ZIP ORLANDO FL 32801

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # P97000000633  
NAME RHC MANAGEMENT, INC.  
STREET ADDRESS 105 EAST ROBINSON STREET, SUITE 201  
CITY-ST-ZIP ORLANDO FL 32801

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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: *AC Management Inc* AC Management Inc. 4/26/02 407-628-0232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

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