

2001 UNIFORM BUSINESS REPORT (UBR) FILED

DOCUMENT # A96000002456

1. Entity Name

R.C. STEVENS, LTD.

01 JUN -8 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
3333 Lawrence Street 3333 Lawrence Street
Orlando, FL 32805 Orlando, FL 32805

2. Principal Place of Business 3. Mailing Address
3333 Lawrence Street 3333 Lawrence Street
Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Orlando, FL
Zip 32805 Country US
City & State Orlando, FL
Zip 32805 Country US

4. FEI Number 59-3430582
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

Keating, Timothy M.
3333 Lawrence Street
Orlando, FL 32805

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.

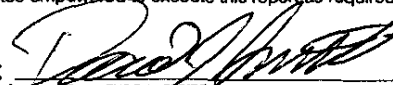
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record: 80.00 10. Amount of Capital Contributions in FLORIDA to date: 80.00 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 #	202885	STREET ADDRESS	
NAME	R.C. Stevens Construction Co,	CITY-ST-ZIP	300004419493--1
STREET ADDRESS	3333 Lawrence Street		06/14/01--01043--022
CITY-ST-ZIP	Orlando, FL 32805		*****88.75 *****88.75
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	300004419493--1
STREET ADDRESS			06/14/01--01043--023
CITY-ST-ZIP			*****52.50 *****52.50
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
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:  04/26/01 (407) 299-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)