

2000 UNIFORM BUSINESS REPORT (UBR)

526.25

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -1 PM 6:32



DO NOT WRITE IN THIS SPACE

DOCUMENT # A97000000127

1. Entity Name

FOREST COVE AT SANFORD FARMS, LTD.

Principal Place of Business
235 SOUTH MAITLAND AVENUE
SUITE 216
MAITLAND FL 32751

Mailing Address
235 SOUTH MAITLAND AVENUE
SUITE 216
MAITLAND FL 32751-5638

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3425671

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

WALKER, BERRY J JR.
235 MAITLAND AVENUE SOUTH
SUITE 216
MAITLAND FL 32751

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 BERRY J. WALKER, JR.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/00

9. Capital Contributions as Shown on record. \$150,000.00

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 # P97000001649
NAME FOREST COVE AT SANFORD FARMS, INC.
STREET ADDRESS 235 MAITLAND AVE. SOUTH, SUITE 216
CITY - ST - ZIP MAITLAND FL 32751

STREET ADDRESS

CITY - ST - ZIP

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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

PRESIDENT

SIGNATURE:

BERRY J. WALKER, JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/00

Date

407-644-6535

Daytime Phone #

CR2E003 (9/99)