

2001 UNIFORM BUSINESS REPORT (UBR)

0001827 AF

DOCUMENT # **A97000000127**

1. Entity Name

FOREST COVE AT SANFORD FARMS, LTD.

FILED

01 MAY -3 AM 11:11

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

Mailing Address
**235 SOUTH MAITLAND AVENUE
SUITE 216
MAITLAND FL 32751**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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.

(NOT Registered Agent's signature required when reinstating)

5/1/01
DATE

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

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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:

BERRY J. WALKER, JR. President **5/1/01 407-644-6535**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)