

2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **A97000000735**

1. Entity Name

ARDEN VILLAS UNIVERSITY, LTD.

FILED

02 MAY -1 PM 6:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**1270 ORANGE AVENUE, SUITE C
WINTER PARK FL 32789**

Mailing Address

**1270 ORANGE AVENUE, SUITE C
WINTER PARK FL 32789**

2. Principal Place of Business

1211 Orange Avenue

3. Mailing Address

1211 Orange Avenue

Suite, Apt. #, etc.

202

Suite, Apt. #, etc.

202

City & State

Winter Park FL

City & State

Winter Park FL

Zip

32789

Country

USA

Zip

32789

Country

USA

DUE BY MAY 1, 2002

4. FEI Number

59-3435119

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BELL, JAMES T

1270 ORANGE AVENUE, SUITE C

WINTER PARK FL 32789

7. Name and Address of New Registered Agent

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.

\$3,502,000.00

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

DOCUMENT # **P94000072241**
NAME **ARDEN DEVELOPMENT CORP.**
STREET ADDRESS **1270 ORANGE AVENUE, SUITE C**
CITY-ST-ZIP **WINTER PARK FL 32789**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

1211 Orange Ave, Suite 202

CITY-ST-ZIP

Winter Park FL 32789

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-29-02

Date

Daytime Phone #

CR2E003 (9/01)