

2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **A97000000957**

1. Entity Name

ALOMA BEND, LTD.

FILED

02 MAY -1 PM 6:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**364 WILMINGTON WEST CHESTER
BUILDING C UNIT G
GLEN MILLS PA 19342**

Mailing Address

**215 NORTH EOLA DRIVE
ORLANDO FL 32801**

2. Principal Place of Business

3. Mailing Address

301 E. Pine Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1400

City & State

City & State

Orlando, FL

DUE BY MAY 1, 2002

4. FEI Number

59-3466132

Applied For

Not Applicable

Zip

Country

Zip

Country

32801

USA

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

BALLETTA, JAMES ESQUIRE

**305 EAST PINE STREET, SUITE 1400
ORLANDO FL 32801**

Name

Street Address (P.O. Box Number is Not Acceptable)

301 E. Pine Street, Suite 1400

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.

\$990.00

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 # **P97000023139**
NAME **ALOMA BEND, INC.**
STREET ADDRESS **364 WILMINGTON WEST CHESTER PIKE**
CITY-ST-ZIP **GLEN MILLS PA 19342**

STREET ADDRESS

400005503094--0

CITY-ST-ZIP

05/10/02 01062 002

******141.25 ****141.25**

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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 9.07(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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes. I further certify that I am a General Partner of the limited partnership or

SIGNATURE:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)