

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001170

1. Entity Name
MAITLAND CONCOURSE, LTD.



FILED
03 MAY -6 PM 8:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
250 PARK AVENUE SOUTH, STE. 630
WINTER PARK FL 32789

Mailing Address
PO BOX 3010
WINTER PARK FL 32790-3010



2. Principal Place of Business

3. Mailing Address

250 South Park Avenue

Suite, Apt. #, etc.

Suite 630

City & State

City & State

Winter Park, FL

Zip

Country

Zip

Country

32789

US

DUE BY MAY 1, 2003

4. FEI Number 59-3450707

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

BATTAGLIA, W P

250 PARK AVENUE SOUTH, STE. 630

WINTER PARK FL 32789

Name

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

250 South Park Avenue

Suite 630

City

Winter Park

FL

Zip Code

32789

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$7,500.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # P97000046639
NAME BPL MAITLAND CONCOURSE, INC.
STREET ADDRESS PO BOX 3010
CITY-ST-ZIP WINTER PARK FL 32790-3010

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04/29/03

Date

407-622-1700

Daytime Phone #

CR2E003 (10/02)

0008146 AT