

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000001999**

1. Entity Name

**GULF REALTY OF ORLANDO, LTD.**

Principal Place of Business

**2200 LUCIEN WAY, SUITE 350  
MAITLAND FL 32751**

Mailing Address

**2200 LUCIEN WAY, SUITE 350  
MAITLAND FL 32751**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

01 JUN -4 PM 12: 22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3468497**

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

**SAMAH, STEVEN M  
C/O ANNIS, MITCHELL, COCKEY, ET AL  
201 N. FRANKLIN STREET, SUITE 2100  
TAMPA FL 33602**

Name

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

City

**STEPHAN NEVELETT  
2200 LUCIEN WAY #350**

**MAITLAND**

**FL**

Zip Code

**32751**

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

**STEPHAN NEVELETT**

(NOTE: Registered Agent signature required when reinstating)

**4/23/01**  
DATE

9. Capital Contributions  
as Shown on record.

**\$990,000.00**

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 # **P97000080436**  
NAME **NOMAD ORLANDO, INC.**  
STREET ADDRESS **2200 LUCIEN WAY, SUITE 350**  
CITY-ST-ZIP **MAITLAND FL 32751**

STREET ADDRESS

CITY-ST-ZIP

**000004422608-4**  
**-06/15/01--01066--006**  
**\*\*\*\*526.25 \*\*\*\*526.25**

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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 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]*  
**STEPHAN NEVELETT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**407 949 0725**

0001341 AF

CR2E003 (11/00)