

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002112**

1. Entity Name
FRANKLIN RESORT, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -8 PM 1:33

Principal Place of Business
**5098 NEPTUNE ROAD
ST. CLOUD FL 34769**

Mailing Address
**5098 NEPTUNE ROAD
ST. CLOUD FL 34769-6730**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3469814

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**A.G.C. CO.
200 SOUTH ORANGE AVENUE, STE. 2300
ORLANDO FL 32801**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record. **\$9,900.00**

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 # **P94000086368**
NAME **FRANKLIN RESORT, INC.**
STREET ADDRESS **2201 SAND HILL ROAD**
CITY - ST - ZIP **KISSIMMEE FL 34747**

STREET ADDRESS **5098 Neptune Rd**
CITY - ST - ZIP **St. Cloud, FL, 34769**

DOCUMENT #
NAME
STREET ADDRESS
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: **John A. Telford, Pres.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-14-00
Date

407-892-7800
Daytime Phone #