

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000132**

1. Entity Name

ART'S AT THE POINTE, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 26 PM 1:29

Principal Place of Business

1235 NORTH ORANGE AVE., SUITE 201
ORLANDO FL 32804

Mailing Address

1235 NORTH ORANGE AVE., SUITE 201
ORLANDO FL 32804-6411



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9101 International Drive

3. Mailing Address

same as above

Suite, Apt. #, etc.

1036

City & State

Orlando FL

City & State

4. FEI Number

59-3501770

Applied For

Not Applicable

Zip

32819

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

-6. Name and Address of Current Registered Agent

ZIMAND, ARTHUR

1235 NORTH ORANGE AVE., SUITE 201

ORLANDO FL 32804

Name

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

City

FL

Zip Code

-7. Name and Address of New Registered Agent

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.

\$300,000.00

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 # P97000099481
NAME ART'S AT THE POINTE, INC.
STREET ADDRESS 1235 NORTH ORANGE AVE., SUITE 201
CITY - ST - ZIP ORLANDO FL 32804

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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STREET ADDRESS

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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

4/29/00
Date

407-825-9772
Daytime Phone #