

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000346**

1. Entity Name

**WATER'S EDGE PLAZA, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUN 26 PM 1:29

Principal Place of Business

112 EAST ANNIE STREET  
ORLANDO FL 32806

Mailing Address

112 EAST ANNIE STREET  
ORLANDO FL 32806-1206



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**605 E. ROBINSON ST.**

3. Mailing Address

**605 E. ROBINSON ST.**

Suite, Apt. #, etc.

**H20**

Suite, Apt. #, etc.

**H20**

City & State

**ORLANDO FL**

City & State

**ORLANDO FL**

4. FEI Number

**59-3491513**

Applied For

Not Applicable

Zip

**32801**

Country

**Change**

Zip

**32801**

Country

**Change**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HANKINS, THOMAS E**  
**112 EAST ANNIE STREET**  
**ORLANDO FL 32806**

7. Name and Address of New Registered Agent

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.

**\$1,800,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**874,983**

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 # **P98000011645**  
NAME **HFB PROPERTIES - WATER'S EDGE PLAZA, INC.**  
STREET ADDRESS **112 EAST ANNIE STREET**  
CITY - ST - ZIP **ORLANDO FL 32806**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

**700003313927--3**

STREET ADDRESS

CITY - ST - ZIP

**-07/05/00--01113--024**

**\*\*\*\*\*526.25 \*\*\*\*\*526.25**

DOCUMENT #  
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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 in 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 sole owner 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

**5/8/00**

**(407) 843-7070 X12**

Date

Daytime Phone #