

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000483**

1. Entity Name

PELICAN HOUSING GROUP, LTD.

Principal Place of Business

4925 CROSS BAYOU BOULEVARD
NEW PORT RICHEY FL 34652

Mailing Address

4925 CROSS BAYOU BOULEVARD
NEW PORT RICHEY FL 34652

FILED

01 MAY -7 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5245 U.S. Hwy. 19 N

Suite, Apt. #, etc.

3. Mailing Address

5245 U.S. Hwy. 19 N.

Suite, Apt. #, etc.

City & State

New Port Richey, FL

Zip 34652

Country

City & State

New Port Richey, FL

Zip 34652

Country

4. FEI Number

59-3497122

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BORDA, INC.

4925 CROSS BAYOU BOULEVARD
NEW PORT RICHEY FL 34652

7. Name and Address of New Registered Agent

Name

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

5245 U.S. Hwy 19 N.

City

New Port Richey

FL

Zip Code

34652

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, printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-30-01

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

DOCUMENT # P95000039079
NAME BORDA, INC.
STREET ADDRESS 4925 CROSS BAYOU BOULEVARD
CITY-ST-ZIP NEW PORT RICHEY FL 34652

13. ADDRESS CHANGES ONLY

STREET ADDRESS

5245 U.S. Hwy. 19 N.

CITY-ST-ZIP

New Port Richey, FL 34652

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

69.30-4

88.75-4m

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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

4-30-01

Date

727-849.2266

Daytime Phone #