

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001779

1. Entity Name
KENNEDY FAIRVIEW, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN -6 AM 11:59

Principal Place of Business
711 W. HARVARD STREET
ORLANDO FL 32804

Mailing Address
711 W. HARVARD STREET
ORLANDO FL 32804-5201



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

MJH

City & State
4. FEI Number 59-3571912 APPLIED FOR
Applied For
Not Applicable

Zip Country
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITE, GRAHAM W
250 PARK AVENUE SOUTH, 5TH FLOOR
WINTER PARK FL 32789

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. \$990.00
10. Amount of Capital Contributions in FLORIDA to date. 421088
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 #	NAME	STREET ADDRESS	300003280933--4
STREET ADDRESS	GLENN SPRINGS MANAGEMENT COMPANY	CITY - ST - ZIP	OR 400 700 01019 017
CITY - ST - ZIP	711 W. HARVARD STREET		****526.25 ****526.25
	ORLANDO FL 32804		
DOCUMENT #	NAME	STREET ADDRESS	FF \$526.25
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
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: *Glenn Springs Management Company*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/20/00 407-999-2221
Date Daytime Phone #

CR2E003 (1/1/00)