

# 2001 UNIFORM BUSINESS REPORT (UBR)

0002366 AF

DOCUMENT # A98000001779

1. Entity Name

KENNEDY FAIRVIEW, LTD.

Principal Place of Business

711 W. HARVARD STREET  
ORLANDO FL 32804

Mailing Address

711 W. HARVARD STREET  
ORLANDO FL 32804

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

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

FILED

01 JUN 11 PM 12:25

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3571912

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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.

\$421,088.00

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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
GLENN SPRINGS MANAGEMENT COMPANY  
711 W. HARVARD STREET  
ORLANDO FL 32804

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

400004422634--4

-06/15/01--01066--021

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STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

*W. Kennedy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-27-2001-407.999-2225  
Date Daytime Phone #

CR2E003 (11/00)