

# 2002 UNIFORM BUSINESS REPORT (UBR)

0007672 AT

DOCUMENT # **A98000002177**

1. Entity Name

**DUNWOODIE OF ORLANDO, LTD.**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 MAR 29



Principal Place of Business  
**615 CRESCENT EXECUTIVE COURT, SUITE 120  
LAKE MARY FL 32746**

Mailing Address  
**615 CRESCENT EXECUTIVE COURT, SUITE 120  
LAKE MARY FL 32746**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

**DUE BY MAY 1, 2002**

4. FEI Number **59-3537515** Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRAY, N. DWAYNE JR, ESQ  
C/O GREENSPOON, MARDER, ET AL  
135 WEST CENTRAL BLVD., SUITE 1100  
ORLANDO FL 32801**

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.

DATE

9. Capital Contributions as Shown on record. **\$3,433,347.00**

10. Amount of Capital Contributions in FLORIDA to date. **3,433,347.00**

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 # **P98000080107**  
NAME **DUNWOODIE OF ORLANDO, INC.**  
STREET ADDRESS **615 CRESCENT EXECUTIVE COURT, SUITE 120**  
CITY-ST-ZIP **LAKE MARY FL 32746**

STREET ADDRESS  
CITY-ST-ZIP **AL**

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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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*2/21/02*  
Date

Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE