

2000 UNIFORM BUSINESS REPORT (UBR)

001148 AF

DOCUMENT # A98000002238

1. Entity Name
CAMBRIDGE DEVELOPMENT II, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 20 PM 6:39

Principal Place of Business
242 NORTH WESTMONTE DRIVE
ALTAMONTE SPRINGS FL 32714

Mailing Address
242 NORTH WESTMONTE DRIVE
ALTAMONTE SPRINGS FL 32714-3344



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 59-3534908
☐ Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
COOK, STEPHEN E
215 NORTH EOLA DRIVE
ORLANDO FL 32801

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

9. Capital Contributions as Shown on record. \$1,685,000.00 amount of Capital Contributions in FLORIDA to date. 1,685,000

**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 #	S84340
NAME	CAMBRIDGE DEVELOPMENT, INC.
STREET ADDRESS	242 NORTH WESTMONTE DRIVE
CITY - ST - ZIP	ALTAMONTE SPRINGS FL 32714
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
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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** 2-21-00 407065-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER _____ **EXP-2104**

166/6100 LC