

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002238

1. Entity Name

CAMBRIDGE DEVELOPMENT II, LTD.

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

Mailing Address  
242 NORTH WESTMONTE DRIVE  
ALTAMONTE SPRINGS FL 32714

FILED

01 MAR 14 AM 10:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3534908

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

COOK, STEPHEN E  
215 NORTH EOLA DRIVE  
ORLANDO FL 32801

Name  
W. S. Orosz, Jr.  
Street Address (P.O. Box Number is Not Acceptable)  
242 N. Westmonte Drive  
Altamonte Springs, FL  
City Altamonte Springs FL Zip Code 32714

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.

W.S.Orosz, Jr., President of General Partner  
SIGNATURE

March 8, 2001

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. \$1,685,000.00

10. Amount of Capital Contributions in FLORIDA to date. \$1,685,000.00

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

STREET ADDRESS  
CITY-ST-ZIP  
700003854867-6  
-03/15/01--01102--004  
\*\*\*\*\*526.25 \*\*\*\*\*526.25

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

W. S. Orosz, Jr., President

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

March 8, 2001

407-865-9600

Date

Daytime Phone #

CR2E003 (11/00)

0001139 AF