

# 2002 UNIFORM BUSINESS REPORT (UBR)

0015343 AT

DOCUMENT # **A98000002336**

1. Entity Name  
**HAYDEN LANE III, LTD.**

Principal Place of Business  
**1320 33RD STREET WEST  
PALMETTO FL 34221**

Mailing Address  
**1320 33RD STREET WEST  
PALMETTO FL 34221**

**FILED**  
**02 APR 23 AM 9:04**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**LF**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY MAY 1, 2002**

4. FEI Number  
**65-0870833**

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

**PRESTON, WHITING H  
C/O LANE HAYDEN COMPANY  
1320 33RD STREET WEST  
PALMETTO FL 34221**

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. **\$10,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **10,000**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P98000032967**  
NAME **LANE HAYDEN COMPANY**  
STREET ADDRESS **1320 33RD STREET WEST**  
CITY-ST-ZIP **PALMETTO FL 34221**

STREET ADDRESS

CITY-ST-ZIP

**200005452302--0**  
**-05/06/02--01028--011**  
**\*\*\*\*158.75 \*\*\*\*158.75**

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4-18-02**

**941-721-0600**

CR2E003 (9/01)