

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002494

A98000002494

1. Entity Name

Clarcona Groves, Ltd.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JAN 31 AM 11:08

Principal Place of Business

Mailing Address

2. Principal Place of Business

615 Crescent Exec. Ct.

3. Mailing Address

615 Crescent Exec. Ct.

Suite, Apt. #, etc.

Suite 120

Suite, Apt. #, etc.

Suite 120

City & State

Lake Mary, FL

City & State

Lake Mary, FL

Zip

32746

Country

USA

Zip

32746

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For
☐ Not Applied For

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

James F. Basque
1637 East Vine St., Suite E
Kissimmee, FL 34744

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.

\$100

10. Amount of Capital Contributions
in FLORIDA to date.

\$100

11. MAKE CHECK PAYABLE TO STATE OF FLORIDA
SEE REVERSE SIDE FOR DETAILS

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 # P97000095809
NAME C.G. Apartments, Inc.
STREET ADDRESS 615 Crescent Exec. Ct.
CITY-ST-ZIP Suite 120

STREET ADDRESS

CITY-ST-ZIP

800003121708--8
-02/03/00--01004--010
****150.00 ****150.00

DOCUMENT # Lake Mary, FL 32746
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Steven M. Vchrs, V.P. 01/28/00 (407) 333-3233

Date

Daytime Phone #