

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002916**

1. Entity Name

**CAMPANA LIMITED PARTNERSHIP**

Principal Place of Business

**1900 WINDWARD WAY  
VERO BEACH FL 32963**

Mailing Address

**1900 WINDWARD WAY  
VERO BEACH FL 32963**

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

**65-0885319**

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

**FENNELL, TODD W  
979 BEACHLAND BLVD.  
VERO BEACH FL 32963**

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]*

DATE

9. Capital Contributions  
as Shown on record.

**\$100,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

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 # **P98000031405**  
NAME **CAMDEVCO, INC.**  
STREET ADDRESS **1900 WINDWARD WAY**  
CITY-ST-ZIP **VERO BEACH FL 32963**

STREET ADDRESS

CITY-ST-ZIP

**100005258821--6  
-04/12/02--01111--018  
\*\*\*\*526.25 \*\*\*\*526.25**

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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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/2/02 5612345912**

Date

Daytime Phone #

APPROVED  
AND  
FILED

02 APR -8 AM 11:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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CF2E003 (9/01)