

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000618

1. Entity Name

TATTOLI INVESTMENTS, LTD.

EAST

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 27 AM 3:05

[Handwritten signature]

Principal Place of Business

5750 IRLO BRONSON HIGHWAY
ST. CLOUD FL 34771

Mailing Address

5750 IRLO BRONSON HIGHWAY
ST. CLOUD FL 34771



2. Principal Place of Business

5750 E. Irlo Bronson Hwy

3. Mailing Address

5750 E Irlo Bronson Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Same

City & State

SAME

4. FEI Number

59-3571414

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

LOWMAN, WILLIAM R JR.
315 EAST ROBINSON STREET, SUITE 600
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

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.

\$4,000,000.00

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

DOCUMENT # P99000034982
NAME SEVEN T REALTY CORP.
STREET ADDRESS 5750 IRLO BRONSON HIGHWAY
CITY-ST-ZIP ST. CLOUD FL 34771

13. ADDRESS CHANGES ONLY

STREET ADDRESS

5750 E. Irlo Bronson Hwy

CITY-ST-ZIP

- SAME -

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

100003260731--8
-05/19/00--01137--002
***526.25 ***526.25

STREET ADDRESS

CITY-ST-ZIP

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 receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

[Handwritten signature: Julia Tattoli]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Julia Tattoli

Date

Daytime Phone #