

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000679

1. Entity Name

SUNCOR OF LAKE MARY, LTD.

Principal Place of Business

160 INTERNATIONAL PARKWAY, SUITE 280-
HEATHROW FL 32746 276

Mailing Address

160 INTERNATIONAL PARKWAY, SUITE 280-
HEATHROW FL 32746 276

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

276

Suite, Apt. #, etc.

276

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

59-3571815

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HORIAN, ROBERT L

160 INTERNATIONAL PARKWAY, SUITE 280- 276
HEATHROW FL 32746

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

276

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.

\$792,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

992,000.00

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

DOCUMENT # P97000077053
NAME SUNCOR INVESTMENTS, INC.
STREET ADDRESS 160 INTERNATIONAL PARKWAY, SUITE 280 276
CITY-ST-ZIP HEATHROW FL 32746

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

Suite 276

STREET ADDRESS

CITY-ST-ZIP

200004880522--8
-02/05/02--01058--009

STREET ADDRESS

CITY-ST-ZIP

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

SIGNATURE:

Robert Horian
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1-21-02 407 829 3400

CR2E003 (9/01)

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