

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001430

1. Entity Name  
REGENCY OAKS OF SANFORD LTD.



Principal Place of Business  
20725 SW 46TH AVENUE  
NEWBERRY FL 32669

Mailing Address  
20725 SW 46TH AVENUE  
NEWBERRY FL 32669

**FILED**

03 MAY -1 PM 2:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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, 2003**

4. FEI Number 62-1795193

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

DAVIS, NORITA V  
20721 S.W. 46TH AVENUE  
NEWBERRY FL 32669

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

**\$100.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. 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 # A95000000823  
NAME DAVIS HERITAGE LTD.  
STREET ADDRESS 20725 S.W. 46TH AVENUE  
CITY-ST-ZIP NEWBERRY FL 32669

STREET ADDRESS

CITY-ST-ZIP

**8 00017803548**  
05/01/03--01022--014 \*\*150.00

DOCUMENT #  
NAME DAVIS, STEFAN M TRUSTEE  
STREET ADDRESS 20725 S.W. 46TH AVENUE  
CITY-ST-ZIP NEWBERRY FL 32669

STREET ADDRESS

CITY-ST-ZIP

**800017803548**  
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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

4/14/03  
Date

352-472-7773  
Daytime Phone #

CR2E003 (10/02)