

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001922**

1. Entity Name

CLARMART II LIMITED PARTNERSHIP

Principal Place of Business

505 WEKIVA SPRINGS ROAD, SUITE 500
LONGWOOD FL 32779

Mailing Address

505 WEKIVA SPRINGS ROAD, SUITE 500
LONGWOOD FL 32779

FILED

02 AUG 26 AM 9:40

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 SEPTEMBER 25, 2002

4. FEI Number **59-3623193**

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

JURGENS, J A
505 WEKIVA SPRINGS ROAD, SUITE 500
LONGWOOD FL 32779

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.

\$2,470,245.00

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 # **P99000095502**
NAME **LAZAN INVESTMENTS, INC.**
STREET ADDRESS **505 WEKIVA SPRINGS ROAD, SUITE 500**
CITY-ST-ZIP **LONGWOOD FL 32779**

STREET ADDRESS

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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

8/1/02
Date

(407) 772-2271
Daytime Phone #

CR2E003 (4/02)

0000082 AT