

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000002085

1. Entity Name

REGATTA VILLAS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -9 PM 1:33

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

2431 Aloma Ave

2431 Aloma Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

286

286

City & State

City & State

Winter Park FL

Winter Park FL

Zip

Zip

Country

Country

32792

32792

Orange

Orange

DO NOT WRITE IN THIS SPACE

4. FEI Number

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

B+C CORPORATE SERVICES OF CENTRAL
FLORIDA, INC.
390 N. ORANGE AVE., SUITE 1100
ORLANDO, FL 32801

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.

\$50.00

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 # P99000107694
NAME REGATTA VILLAS, INC.
STREET ADDRESS 2431 Aloma Ave # 286
CITY-ST-ZIP Winter Park, FL 32792

STREET ADDRESS
CITY-ST-ZIP 300003243993--4
-05/09/00--01026--032
*****600.00 *****150.00

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Thom Shufel

407
4-27-00 057-1113

CR2E003 (9/99)