

2001 UNIFORM BUSINESS REPORT (UBR)

0002511 AF

DOCUMENT # B000000000001

1. Entity Name

UNIVERSAL CITY DEVELOPMENT PARTNERS, LP, (LTD.)

FILED

01 APR 27 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1000 UNIVERSAL STUDIO PLAZA
ORLANDO FL 32819

Mailing Address

1000 UNIVERSAL STUDIO PLAZA
ORLANDO FL 32819

2. Principal Place of Business

c/o Universal Orlando

3. Mailing Address

c/o Universal Orlando

Suite, Apt. #, etc.

Attn: Legal Affairs, B-5
1000 Universal Studios Plaza

City & State

Orlando, FL

Zip

32819

Country

USA

Suite, Apt. #, etc.

Attn: Legal Affairs, B-5
1000 Universal Studios Plaza

City & State

Orlando, FL

Zip

32819

Country

USA

4. FEI Number

59-3128514

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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.

\$0.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$0.00

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 this form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
UNIVERSAL CITY FLORIDA HOLDING CO. II
% 1000 UNIVERSAL STUDIOS PLAZA
ORLANDO FL 32819

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

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DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Felix Mossegoon, President

Date

Daytime Phone #

CR2E003 (11/00)