

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B96000000227

1. Entity Name

ORLONDON REALTY COMPANY LIMITED PARTNERSHIP

FILED

02 MAR -8 PM 2:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

9286 WARWICK BLVD.  
NEWPORT NEWS VA 23607

Mailing Address

9286 WARWICK BLVD.  
NEWPORT NEWS VA 23607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

56-1978242

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

HUNTER, DANIEL M  
243 WEST PARK AVE., SUITE 101  
WINTER PARK FL 32890

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.

DATE

9. Capital Contributions  
as Shown on record.

\$100,000.00

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 # F96000003149  
NAME ORLONDON/AVALON, INC.  
STREET ADDRESS 7200 STONEHENGE DR., SUITE 211  
CITY-ST-ZIP RALEIGH NC 27613

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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

Orlando, Aviston, Inc., John A. Munch, Jr., Vice President

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-21-02

Date

757/925-6201

Daytime Phone #

0019018 AB

CR2E003 (9/01)

STAPLE CHECK HERE