

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B97000000611

1. Entity Name

C. KEITH LAMONDA FAMILY LIMITED PARTNERSHIP

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1850 LEE ROAD, SUITE 210  
WINTER PARK FL 32789

Mailing Address

1850 LEE ROAD, SUITE 210  
WINTER PARK FL 32789-2106



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

105 E. Robinson St

Suite, Apt. #, etc.

Ste 210

City & State

Orlando, Florida

Zip

32801

Country

USA

3. Mailing Address

105 E. Robinson St.

Suite, Apt. #, etc.

Ste 210

City & State

Orlando, Florida

Zip

32801

Country

USA

4. FEI Number 91-1850848

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LAMONDA, C. KEITH

1850 LEE ROAD, SUITE 210  
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

105 E. Robinson St.

Ste 210

City

Orlando

FL

Zip Code

32801

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.

\$1,000.00

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

DOCUMENT # F97000004999  
NAME NEW HORIZON CAPITAL GROUP, INC.  
STREET ADDRESS 1850 LEE ROAD, SUITE 210  
CITY - ST - ZIP WINTER PARK FL 32789

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

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 #

CFR2003 (9/99)