

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B97000000702**

1. Entity Name

OSCEOLA DEVELOPMENT PROJECT, L.P.

Principal Place of Business

18679 S.E. FEDERAL HIGHWAY
TEQUESTA FL 33469

Mailing Address

18679 S.E. FEDERAL HIGHWAY
TEQUESTA FL 33469

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

~~LEIGH, WILLIAM~~
18679 SE FEDERAL HIGHWAY
TEQUESTA FL 33469

7. Name and Address of New Registered Agent

Name **DALEN RUBENFELD**
Street Address (P.O. Box Number is Not Acceptable)
18679 SE Federal Hwy
City **Tequesta** FL Zip Code **33469**

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

\$15,000,000.00

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 # **P97000064547**
NAME **OSEOLA TRACE DEVELOPMENT CORPORATION**
STREET ADDRESS **18679 S.E. FEDERAL HIGHWAY**
CITY-ST-ZIP **TEQUESTA FL 33469**

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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

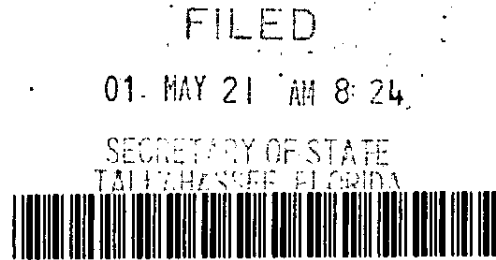
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0783803** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR2E003 (11/00)