

2001 UNIFORM BUSINESS REPORT (UBR)

0016428 AF

DOCUMENT # B98000000159

1. Entity Name

CASTO WINTER PARK LIMITED PARTNERSHIP

FILED

01 APR 23 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
C/O DON M. CASTO ORGANIZATION
209 EAST STATE STREET
COLUMBUS OH 43215

Mailing Address
C/O DON M. CASTO ORGANIZATION
209 EAST STATE STREET
COLUMBUS OH 43215

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **31-1605538**
Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SNIVELY, STEPHEN W
C/O MAGUIRE VOORHIS & WELLS, P.A.
200 SOUTH ORANGE AVE., SUITE 300
ORLANDO FL 32801

7. Name and Address of New Registered Agent
Name
Stephen W. Snively
Street Address (P.O. Box Number is Not Acceptable)
C/O Holland & Knight
200 S. Orange Avenue, Suite 2600
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 _____ (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.

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 #	F97000003923
NAME	CASTO WINTER PARK CORPORATION
STREET ADDRESS	298 EAST STATE STREET
CITY-ST-ZIP	COLUMBUS OH 43215
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	900004163859--5
CITY-ST-ZIP	-05/09/01--01005--011
STREET ADDRESS	****141.25****141.25
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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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

Frank S. Benson, III

[Signature] 4/12/01
Date Daytime Phone #

CR2E003 (11/00)