

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

SNIVELY, STEPHEN W
C/O MAGUIRE VOORHIS & WELLS, P.A.
200 SOUTH ORANGE AVE., SUITE 300
ORLANDO FL 32801

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

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.

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 # F97000003923
NAME CASTO WINTER PARK CORPORATION
STREET ADDRESS 298 EAST STATE STREET
CITY-ST-ZIP COLUMBUS OH 43215

STREET ADDRESS

CITY-ST-ZIP

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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 REQUIRED

Frank S. Benson, III

Frank S. Benson, III 4/12/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)