

# 2001 UNIFORM BUSINESS REPORT (UBR)

0004887 AF

DOCUMENT # L99000000831

1. Entity Name  
MORTGAGE ACQUISITION PARTNERS OF ORANGE COUNTY,

FILED

01 FEB -1 PM 5:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
239 EASTON CIRCLE  
OVIEDO FL 32765

Mailing Address  
239 EASTON CIRCLE  
OVIEDO FL 32765

2. Principal Place of Business  
369 N. New York Ave, 3rd Fl.  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Drawer 1690  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Winter Park, FL 32789  
Zip  
32789  
Country  
US

City & State  
Winter Park, FL 32790  
Zip  
32790  
Country  
US

4. FEI Number 59-2623613  
APPLIED FOR  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

KAPLAN, JEFFREY L  
239 EASTON CIRCLE  
OVIEDO FL 32765

## 7. Name and Address of New Registered Agent

Name  
J. Lindsay Builder, Jr.  
Street Address (P.O. Box Number is Not Acceptable)  
369 N. New York Avenue, 3rd Floor  
City  
Winter Park FL Zip Code  
32789

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 *J. Lindsay Builder, Jr.*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/17/01

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

## 9. MANAGING MEMBERS/MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
KAPLAN, JEFFREY L  
239 EASTON CIRCLE  
OVIEDO FL 32765 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Manager  
J. Lindsay Builder, Jr.  
369 N. New York Avenue, 3rd Floor  
Winter Park, FL 32789 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
700003657297--5  
-02/08/01--01023--002  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*J. Lindsay Builder, Jr.*  
J. Lindsay Builder, Jr.

Date

Daytime Phone #

1/17/01

CR2E083 (11/00)