

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 02, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # M80604**

1. Entity Name  
**INDIAN WOODS PARTNERS, INC.**

Principal Place of Business  
 450 S. ORANGE AVENUE  
 ORLANDO FL 32801

Mailing Address  
 450 S. ORANGE AVENUE  
 ORLANDO FL 32801

2. Principal Place of Business

3. Mailing Address  
 POST OFFICE BOX 4920

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State  
 ORLANDO FL

4. FEI Number  
**59-2895531**

Applied For  
 Not Applicable

Zip

Country

Zip  
 32802

Country

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

BOURNE ROBERT A  
 450 S. ORANGE AVENUE  
 ORLANDO FL 32801 US

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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.

**03/02/2001**  
 DATE

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S  Delete  
 NAME ROSE LYNN E  
 STREET ADDRESS 450 S. ORANGE AVENUE  
 CITY-ST-ZIP ORLANDO FL 32801

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE PTD  Delete  
 NAME BOURNE ROBERT A  
 STREET ADDRESS 450 S. ORANGE AVENUE  
 CITY-ST-ZIP ORLANDO FL 32801

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE DCCE  Delete  
 NAME SENEFF JAMES MJR  
 STREET ADDRESS 450 S. ORANGE AVENUE  
 CITY-ST-ZIP ORLANDO FL 32801

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: ROBERT A. BOURNE**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**P 03/02/2001**  
 Date

Daytime Phone #

CR2E034 (11/00)