

# 2001 UNIFORM BUSINESS REPORT (UBR)

0000883  
AF

DOCUMENT # **A99000000435**

1. Entity Name

**KING'S COURT OF ORLANDO LTD.**

**FILED**

**01 APR 30 PM 12:24**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**5700 S.W. 34TH STREET, SUITE 1307  
GAINESVILLE FL 32608**

Mailing Address  
**5700 S.W. 34TH STREET, SUITE 1307  
GAINESVILLE FL 32608**

2. Principal Place of Business  
**20725 S.W. 46th Ave.**

3. Mailing Address  
**20725 S.W. 46th Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Newberry, FL**

City & State  
**Newberry, FL**

4. FEI Number  
**62-1852728** **APPLIED FOR**

Applied For  
Not Applicable

Zip  
**32669**

Country  
**USA**

Zip  
**32669**

Country  
**USA**

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

## 6. Name and Address of Current Registered Agent

**DAVIS, NORITA V  
20721 S.W. 46TH AVENUE  
NEWBERRY FL 32669**

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**688884221646--9**  
**-05/17/01--01021--004**  
City  
**\*\*\*300.00 FL \*\*\*150.00**

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. (NOT Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. **\$100.00**

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 # **A95000000823**  
NAME **DAVIS HERITAGE LTD.**  
STREET ADDRESS **20725 S.W. 46TH AVENUE**  
CITY-ST-ZIP **NEWBERRY FL 32669**

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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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/24/01**  
Date

**(352) 472-7773**  
Daytime Phone #

CR2E003 (11/00)