

2001 UNIFORM BUSINESS REPORT (UBR)

0010157 AF

28

DOCUMENT # A09963

1. Entity Name

FOREST GLEN II, LTD.

FILED
01 MAR 12 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**516 LAKEVIEW ROAD UNIT 8
 CLEARWATER FL 33756**

Mailing Address

**516 LAKEVIEW ROAD UNIT 8
 CLEARWATER FL 33756**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2054283

Applied For

Not Applicable

Zip

Country

Zip

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

**FLYNN, THOMAS F
 516 LAKEVIEW ROAD UNIT 8
 CLEARWATER FL 33756**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$136,300.00

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 #	NAME	STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
	FLYNN, THOMAS F.	516 LAKEVIEW ROAD UNIT 8	CLEARWATER FL 33756		
	RUTENBERG, ARTHUR	400 GULF BOULEVARD	BELLEAIR SHORES FL		Belleair Shores, FL 33786-3201
	TIBMA, DAVID G.	501 HODGES LANE	SANTA BARBARA CA 93108		
					800003854528--3
					-03/15/01-01078-031
					***535.00 ***535.00

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]* **Thomas F. Flynn, GP**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/01/01 727-449-1182
 Date Daytime Phone #

CR2E003 (11/00)