

2001 UNIFORM BUSINESS REPORT (UBR)

0017261 AF

DOCUMENT # **A14902**

1. Entity Name

HICKORY RIDGE ASSOCIATES, LTD.

FILED

01 APR 27 PM 4:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
TOWER TWO
2000 SOUTH COLORADO BLVD., SUITE 2-1000
DENVER CO 80222

Mailing Address
TOWER TWO
2000 SOUTH COLORADO BLVD., SUITE 2-1000
DENVER CO 80222

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-1317201

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

UNITED STATES CORPORATION COMPANY
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

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.

(NOT: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$290.00

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 # A06999
NAME THE NATIONAL HOUSING PARTNERSHIP, LTD.
STREET ADDRESS 2000 SOUTH COLORADO BLVD., SUITE 2-1000
CITY-ST-ZIP DENVER CO 80222

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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

Hickory Ridge Associates, Ltd., by its GP, The National Housing Partnership, by its GP,
National Corporation for Housing Partnerships

SIGNATURE:

By: Deborah Ches Assistant Sec'y

(303) 757-8101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date 4-25-01 Daytime Phone #

CR2E003 (11/00)