

# 2000 UNIFORM BUSINESS REPORT (UBR)

0017751 AF

**DOCUMENT # A23510**  
 1. Entity Name  
**COTTAGE HILL, LTD.**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 MAR -3 PM 12:02



DO NOT WRITE IN THIS SPACE

Principal Place of Business: P. O. BOX 3256, PENSACOLA FL 32516  
 Mailing Address: P. O. BOX 3256, PENSACOLA FL 32516-3256

2. Principal Place of Business: 516 Lakeview Road, Villa 8, Clearwater, Florida, 33756  
 3. Mailing Address: 516 Lakeview Road, Villa 8, Clearwater, Florida, 33756  
 4. FEI Number: 59-2804632  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: FLYNN, THOMAS F, 516 LAKEVIEW ROAD, UNIT 8, CLEARWATER FL 33756-3302

7. Name and Address of New Registered Agent  
 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

9. Capital Contributions as Shown on record: \$265,031.00  
 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 #	P98000081966	STREET ADDRESS	516 Lakeview Rd, Unit 8
NAME	CANTONMENT THREE, INC.	CITY - ST - ZIP	
STREET ADDRESS	561 LAKEVIEW ROAD, UNIT 8	STREET ADDRESS	<i>mf 3/15/00</i>
CITY - ST - ZIP	CLEARWATER FL 33756-3302	CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	9000003173259--8
CITY - ST - ZIP		CITY - ST - ZIP	-03/16/00--01038--008
DOCUMENT #		STREET ADDRESS	***535.00 ***535.00
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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: *Thomas F. Flynn*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER: Thomas F. Flynn, As President of Corporate General Partner 2/28/00  
 DATE: 2/28/00 DAYTIME PHONE #: 727-449-1182 Ex 211

CR2E003 (9/99)