

2001 UNIFORM BUSINESS REPORT (UBR)

0011524 AF

DOCUMENT # A28957

1. Entity Name

BELLA VISTA APTS., LTD.

FILED.

01 JAN 25 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mf

Principal Place of Business

182 SAN JUAN DRIVE
PONTE VEDRA BEACH FL 32082

Mailing Address

182 SAN JUAN DRIVE
PONTE VEDRA BEACH FL 32082



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2967683

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

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

GUNBY, WILLIAM R. JR.
182 SAN JUAN DRIVE
PONTE VEDRA BEACH FL 32082

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.

\$400,100.00

10. Amount of Capital Contributions in FLORIDA to date.

\$400,100.00

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 **WILLIAM R. GUNBY, JR.**
STREET ADDRESS **182 SAN JUAN DRIVE**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

STREET ADDRESS
000003631950--7
CITY-ST-ZIP
-02/05/01--01006--012
*****535.00 ***535.00**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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:

William R. Gunby, Jr.
WILLIAM R. GUNBY, JR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

18 JAN 2001 904 2859662
Date Daytime Phone #

CR2E003 (1/1/00)