

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000000811**

1. Entity Name

SHADY NOOK LIMITED

FILED
00 MAR 27 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business: C/O GAINESVILLE REAL ESTATE MANAGEMENT CO. 2040 N.W. 67TH PLACE GAINESVILLE FL 32653
 Mailing Address: C/O GAINESVILLE REAL ESTATE MANAGEMENT CO. 2040 N.W. 67TH PLACE GAINESVILLE FL 32653-1608

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3203483**

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

CRUTCHER, KEITH A
2040 N.W. 67TH PLACE
GAINESVILLE FL 32653

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. **\$406,674.77**

10. Amount of Capital Contributions in FLORIDA to date. **835602.21**

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 # **P92000006734**
 NAME **GAINESVILLE REAL ESTATE MANAGEMENT CO., INC**
 STREET ADDRESS **2040 N.W. 67TH PLACE**
 CITY - ST - ZIP **GAINESVILLE FL 32653**

STREET ADDRESS
 CITY - ST - ZIP

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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 Required Keith Crutcher** 3/16/00 352 376 4939
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)