

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000000205**

1. Entity Name
PINELLAS BAY VISTA PARTNERS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY -1 PM 12:06

Principal Place of Business
C/O HIGHWOODS/FLORIDA L.P.
3100 SMOKETREE COURT, SUITE 600
RALEIGH NC 27604

Mailing Address
HILL WARD & HENDERSON
P.O. BOX 2231
TAMPA FL 33601-2231



2. Principal Place of Business

3. Mailing Address

HIGHWOODS/FLORIDA, L.P.
3100 SMOKETREE CT, S-600

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

RALEIGH, NC

4. FEI Number **59-3224948**

Applied For
Not Applicable

Zip

Country

Zip

Country

27604

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

JOHANNES, DALE
201 EAST PINE STREET, SUITE 475
ORLANDO FL 32801

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. **\$100.00**

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 # **B96000000467**
NAME **HIGHWOODS/FLORIDA HOLDINGS, L.P.**
STREET ADDRESS **3100 SMOKETREE COURT, SUITE 600**
CITY - ST - ZIP **RALEIGH NC 27604**

STREET ADDRESS
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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: *MICHELLE SULLIVAN* **REQUIRE MICHELLE SULLIVAN 4/27/00 919-872-4924**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR 11 (1/99)