

# 2001 UNIFORM BUSINESS REPORT (UBR)

0014806 AF

**DOCUMENT # A95000000736**

1. Entity Name  
**COMMUNITY INVESTORS, LTD.**

Principal Place of Business  
**12588 CAPRI CIR LN  
TREASURE ISLAND FL 33706**

Mailing Address  
**P.O. BOX 3516  
SEMINOLE FL 33775**

**FILED**  
**01 MAR 12 AM 11:37**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-3313089</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**BEATTY, BEA**  
**12588 CAPRI CIR LN**  
**TREASURE ISLAND FL 33706**

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. <b>\$30,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>22,000</b>	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 # <b>521616</b>	NAME <b>HAPPY HOMES, INC. OF PINELLAS COUNTY</b>	STREET ADDRESS	
STREET ADDRESS <b>12588 CAPRI CIR LN</b>	CITY-ST-ZIP <b>TREASURE ISLAND FL 33706</b>	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	<b>4000003852594 1</b>
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	<b>-03/14/01--01057--012</b>
DOCUMENT #	NAME	STREET ADDRESS	<b>****242.75 ****242.75</b>
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME	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: *Bea Beatty* **Bea Beatty** **3-7-01** **727-363-3626**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)