

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000199**

1. Entity Name

**PARK PLACE AT METROWEST PHASES SIX AND SEVEN, LT**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -9 PM 1:33



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1803 PARK CENTER DRIVE, SUITE 220 ORLANDO FL 32835	Mailing Address 1803 PARK CENTER DRIVE, SUITE 220 ORLANDO FL 32835-6216
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number	<b>NOT APPLICABLE</b>	Applied For
		Not Applicable

Zip	Country	Zip	Country
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5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUSH, RANDOLPH J**  
**250 PARK AVENUE SOUTH, 5TH FLOOR**  
**WINTER PARK FL 32789**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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>\$7,500.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	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 # NAME STREET ADDRESS CITY - ST - ZIP	<b>F98000000355</b> <b>PARK PLACE DEVELOPMENT COMPANY</b> <b>1803 PARK CENTER DRIVE, SUITE 220</b> <b>ORLANDO FL 32835</b>	STREET ADDRESS	
		CITY - ST - ZIP	
		STREET ADDRESS	
		CITY - ST - ZIP	
		STREET ADDRESS	
		CITY - ST - ZIP	
		STREET ADDRESS	
		CITY - ST - ZIP	
		STREET ADDRESS	
		CITY - ST - ZIP	

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\*\*\*\*4440.00 \*\*\*\*150.00

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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DRY TANKS, President Date 4/25/00 Daytime Phone # \_\_\_\_\_

FILED 05/09/00