

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B00000000162**

1. Entity Name

**RCF/DEERFIELD TOWNSHIP, L.P.**

FILED

01 MAY 29 PM 4:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

543 MIDWAY CIRCLE  
BRENTWOOD TN 37027

543 MIDWAY CIRCLE  
BRENTWOOD TN 37027

2. Principal Place of Business

3. Mailing Address

636 Goodsprings Road  
Suite, Apt. #, etc.

636 Goodsprings Road  
Suite, Apt. #, etc.

City & State

Brentwood, TN

City & State

Brentwood, TN

4. FEI Number

62-1816844

Applied For

Not Applicable

Zip  
37027

Country  
USA

Zip  
37027

Country  
USA

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

MJH

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

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.

10,000 \$0.00

10. Amount of Capital Contributions  
in FLORIDA to date.

10,000

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

DOCUMENT # M99000000761  
NAME RCF ENTERPRISES, LLC  
STREET ADDRESS 543 MIDWAY CIRCLE  
CITY-ST-ZIP BRENTWOOD TN 37027

13. ADDRESS CHANGES ONLY

STREET ADDRESS 636 Goodsprings Road  
CITY-ST-ZIP Brentwood, TN 37027

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

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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:

*Signature*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/2/01  
Date

Daytime Phone #