

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B96000000370

1. Entity Name

TREEHOUSE VILLAGE PROPERTIES, LP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 10 AM 9:25

Principal Place of Business

1030 NORTH COLLEGE AVENUE
INDIANAPOLIS IN 46202

Mailing Address

1030 NORTH COLLEGE AVENUE
INDIANAPOLIS IN 46202-2726



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3363640

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

NICO, RICHARD C
117 SOUTHEAST 16TH AVENUE
GAINESVILLE FL 32601

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.

\$1,000.00

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 # G96267900063
NAME TREEHOUSE VILLAGE ASSOCIATES
STREET ADDRESS 1030 NORTH COLLEGE AVENUE
CITY - ST - ZIP INDIANAPOLIS IN 46202

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
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STREET ADDRESS
CITY - ST - ZIP

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

4-26-00

317-684-7305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Carl van Rooy
General Partner

Date

Daytime Phone #

Treehouse Village Associates