

2000 UNIFORM BUSINESS REPORT (UBR)

0017751 AF

DOCUMENT # **A23510**

1. Entity Name

COTTAGE HILL, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -3 PM 12:02

Principal Place of Business

P. O. BOX 3256
PENSACOLA FL 32516

Mailing Address

P. O. BOX 3256
PENSACOLA FL 32516-3256



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

516 Lakeview Road

3. Mailing Address

516 Lakeview Road

Suite, Apt. #, etc.
Villa 8

Suite, Apt. #, etc.
Villa 8

City & State
Clearwater, Florida

City & State
Clearwater, Florida

4. FEI Number
59-2804632

Applied For
Not Applicable

Zip
33756

Country
US

Zip
33756

Country
US

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

FLYNN, THOMAS F
516 LAKEVIEW ROAD, UNIT 8
CLEARWATER FL 33756-3302

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.

\$265,031.00

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 # **P98000081966**
NAME **CANTONMENT THREE, INC.**
STREET ADDRESS **561 LAKEVIEW ROAD, UNIT 8**
CITY - ST - ZIP **CLEARWATER FL 33756-3302**

STREET ADDRESS **516 Lakeview Rd, Unit 8**

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Thomas F. Flynn
As President of
Corporate General Partner 2/28/00

Date

Daytime Phone #

727-449-1182 Ex 211

CR2E003 (9/99)