

2001 UNIFORM BUSINESS REPORT (UBR)

001016 AF

DOCUMENT # A00000000958

1. Entity Name

QUALITY HOUSING PARTNERS NO. 16 LP

FILED

01 FEB 14 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

600 CLEVELAND STREET, STE 670
CLEARWATER FL 33755

600 CLEVELAND STREET, STE 670
CLEARWATER FL 33755

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 460

Suite, Apt. #, etc.

Suite 460

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3656717

Applied For

Not Applicable

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

WINTERS, ELISE K
600 CLEVELAND STREET, STE 940
CLEARWATER FL 33755

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 # P00000055621
NAME QUALITY HOUSING PARTNERS NO 16 GENERAL
STREET ADDRESS 600 CLEVELAND ST., STE 670
CITY-ST-ZIP CLEARWATER FL 33755

STREET ADDRESS

CITY-ST-ZIP

Ste 460

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

200003744752--9
-02/21/01--01023--013

****141.25 ****141.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
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:

Suzanne Beaulieu
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-19-01

Date

727-449-8788

Daytime Phone #

CR2E003 (11/00)