

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000000087

1. Entity Name
UNIVERSITY WALK OF CHARLOTTE LTD.



FILED

03 APR - 1 AM 9:52

0007531 AT

Principal Place of Business
20725 S.W. 46TH AVENUE
NEWBERRY FL 32669

Mailing Address
20725 S.W. 46TH AVENUE
NEWBERRY FL 32669

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 62-1855797

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

DAVIS, NORITA V
20721 S.W. 46TH AVENUE
NEWBERRY FL 32669

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions \$100.00 10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE DESIGNATED
NOTE: General Partners MAY NOT be changed

ACTIVE WITH THIS OFFICE.
led to change a general partner.

ADDRESS CHANGES ONLY

12. GENERAL PARTNER INFORMATION

DOCUMENT # A95000000823
NAME DAVIS HERITAGE, LTD.
STREET ADDRESS 20725 S.W. 46TH AVENUE
CITY-ST-ZIP NEWBERRY FL 32669

*H/L
ce work's*

00014959681
1/03-01023-005 **150.00

CR2E003 (10/02)

DOCUMENT #
NAME
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 REDACTED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/18/03

352-472-3952

Date

Daytime Phone #