

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02000000482

1. Entity Name  
CHPC LEESBURG, LTD.



FILED

03 MAR 24 AM 9:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
500 EAST ALTAMONTE DRIVE, SUITE 210  
ALTAMONTE SPRINGS FL 32701

Mailing Address  
500 EAST ALTAMONTE DRIVE, SUITE 210  
ALTAMONTE SPRINGS FL 32701

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

04-3635963

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

B&C CORPORATE SERVICE OF CENT. FLA., INC.  
390 NORTH ORANGE AVE., SUITE 1100  
ORLANDO FL 32801

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  
as Shown on record.

\$50.00

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 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 # L02000007701  
NAME CHPC LEESBURG, LLC  
STREET ADDRESS 500 EAST ALTAMONTE DRIVE, SUITE 210  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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03/24/03 01013 003 \*\*141.25

M THOMAS

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:

*Janaka Casper*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Community Housing Partners Corp.

Janaka Casper

3/13/03

540-382-2002

Date

Daytime Phone #

0007623 AT

CR2E003 (10/02)