

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A06328**

1. Entity Name

HOUSING ASSISTANCE OF ORANGE CITY, LTD.

FILED

02 APR -9 PM 3: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**2000 S. COLORADO BLVD., TWR 2, STE. 2-1000
DENVER CO 80222**

Mailing Address

**2000 S. COLORADO BLVD., TWR 2, STE. 2-1000
DENVER CO 80222**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

59-1880765

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

**UNITED STATES CORPORATION COMPANY
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301**

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.

DATE

9. Capital Contributions
as Shown on record.

\$100.00

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 # **K45010**
NAME **CONDEV CORPORATION**
STREET ADDRESS **1215 LOUISIANA AVE**
CITY-ST-ZIP **WINTER PARK FL**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **A06999**
NAME **NATIONAL HOUSING PART**
STREET ADDRESS **2000 S. COLORADO BLVD., TWR 2, STE. 2-1000**
CITY-ST-ZIP **DENVER CO 80222**

STREET ADDRESS

CITY-ST-ZIP

700005258517--4

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DOCUMENT #
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CR2E003 (9/01)

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SP

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

**Housing Assistance of Orange City, Ltd., by its managing GP, the National Housing Partnership,
by its GP, National Corporation for Housing Partnerships**

SIGNATURE: By: Chad Asarch, Asst. Secretary 4-2-02 303-757-8101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #