

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A07535**

1. Entity Name

DEVONSHIRE INVESTMENT ASSOCIATES, LTD.

FILED

00 FEB 21 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1213 PARK PLACE CENTER 889 RIDGE LAKE BLVD SUITE 100
MEMPHIS TN 38110 38120

Mailing Address

889 RIDGE LAKE BLVD. #100
MEMPHIS TN 38120-9425

2. Principal Place of Business

889 RIDGE LAKE BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 100

City & State

MEMPHIS, TN

City & State

4. FEI Number

62-1058616

Applied For

Not Applicable

Zip

38120

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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.

\$930,000.00

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

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

SOLMSON, ROBERT M
1213 PARK PLACE CEN #200
MEMPHIS TN

13.

ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

100003144431--?
-02/23/00--01041--021
****526.25 ****526.25

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

FORSICK, H. LANCE
1213 PARK PLACE CEN #200
MEMPHIS TN

STREET ADDRESS

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1/12/00

CR2E003 (9/99)