

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A07948

1. Entity Name

WINEWOOD APARTMENTS, LTD.

**FILED**  
00 MAY -8 AM 8:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

c/o Thurman Gillespy, Jr., M.D.  
1075 Mason Avenue  
Daytona Beach, FL 32117

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

595 W. Granada Blvd., Suite  
Suite, Apt. #, etc. Suite A

Suite, Apt. #, etc.

City & State

City & State

Ormond Beach, FL

4. FEI Number

59-1971199

Applied For

Not Applicable

Zip

Country

Zip

Country

32174

USA

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

Thurman Gillespy, Jr., M.D.  
1075 Mason Avenue  
Daytona Beach, FL 32117

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.

450,000.000

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 #	NAME	STREET ADDRESS	CITY-ST-ZIP
	WINEWOOD I, INC.		

STREET ADDRESS	CITY-ST-ZIP
c/o Thurman Gillespy, Jr., M.D. 1075 Mason Ave., Daytona Beach, FL 32117	

CR2E003 (9/99)

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
Thurman Gillespy, Jr., M.D.

2/29/00

Date

404-677-3431

Daytime Phone #