

2001 UNIFORM BUSINESS REPORT (UBR)

0011702 AF

DOCUMENT # **A07948**

1. Entity Name

WINWOOD APARTMENTS, LTD.

FILED

01 APR 26 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
% THURMAN GILLESPIE, JR., MD **595 W GRANADA BLVD**
1075 MASON AVENUE **SUITE A**
DAYTONA BEACH FL 32117 **ORMOND BEACH FL 32174**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. **1075 Mason Ave.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State
Daytona Beach, FL

4. FEI Number Applied For
59-1971199 Not Applicable

Zip Country Zip Country
32117 **US**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GILLESPIE, JR., MD, THURMAN
1075 MASON AVENUE
DAYTONA BEACH FL 32117

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. **\$450,000.00**

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 #	S68563
NAME	WINWOOD I, INC.
STREET ADDRESS	%THURMAN GILLESPIE JR 1075 MASON AVENUE
CITY-ST-ZIP	DAYTONA BEACH FL
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	400004192574--0
CITY-ST-ZIP	05/18/01 01030 002
	****526.25 ****526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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 REQUIRED **Thurman Gillespie, Jr.** 3-20-01 904-395-4596
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (1/1/00)