

2001 UNIFORM BUSINESS REPORT (UBR)

0019604 AF

DOCUMENT # **A14461**

1. Entity Name

NEWTON WOODS, LTD.

Principal Place of Business

**7000 CENTRAL PARKWAY
SUITE 1500
ATLANTA GA 30328**

Mailing Address

**7000 CENTRAL PARKWAY
SUITE 1500
ATLANTA GA 30328**

2. Principal Place of Business

3. Mailing Address **Northpark Town Cntr.**

1100 Abernathy Rd. NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 700 Bldg. #500

City & State

City & State

Atlanta, GA.

Zip

Country

Zip

Country

30328

USA

4. FEI Number

59-2290672

Applied For

Not Applicable

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

**GODBOLD, FRANCIS S
RAYMOND JAMES & ASSOCIATES, INC.
880 CARILLON PARKWAY
ST. PETERSBURG FL 33716**

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.

\$950,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **F93000003474**
NAME **NEWTON WOODS G.P., INC.**
STREET ADDRESS **7000 CENTRAL PKWY. #1500**
CITY-ST-ZIP **ATLANTA GA 30328**

STREET ADDRESS **Northpark Town Center**
1100 Abernathy Rd. NE
CITY-ST-ZIP **Suite 700 Bldg. #500**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS **Atlanta, GA. 30328**
CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

J. Robert Love

4-20-01

Date

Daytime Phone #

CP2E003 (11/00)

FILED
01 APR 26 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE