

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A15748**

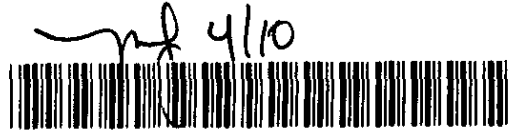
1. Entity Name

PENSACOLA HERITAGE ASSOCIATES, LTD.

APPROVED
AND
FILED

00 MAR 30 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**6640 POWERS FERRY RD. 1300 PARKWOOD CIRCLE
ATLANTA GA 30339 STE 400**

Mailing Address
**1300 PARKWOOD CIRCLE
6640 POWERS FERRY RD. STE 400
ATLANTA GA 30339-2813 2143**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-1536719

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

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

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.

\$2,975,000.00

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 # **F92000000659**
NAME **FIRST CONCORD EQUITIES, INC.**
STREET ADDRESS **1300 PARKWOOD CIRCLE**
CITY - ST - ZIP **6640 POWERS FERRY ROAD, SUITE 200 STE 400
ATLANTA GA 30339**

STREET ADDRESS **1300 Parkwood Cr, Ste 400, Atlanta, GA 30339**
CITY - ST - ZIP **1300 Parkwood Cr, Ste 400, Atlanta, GA 30339**

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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 #

3-16-00 770 932 4090

CR2E003 (9/99)