

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A16374**

1. Entity Name

COLONIAL FOREST REALTY ASSOCIATES, LTD.

APPROVED
AND
FILED

02 APR -8 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**4915 BAYMEADOWS ROAD
JACKSONVILLE FL 32217**

**4915 BAYMEADOWS ROAD
JACKSONVILLE FL 32217**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

95-3318254

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

HANSEN, LUCILLE M.

10997 RALEY CREEK DRIVE SOUTH

JACKSONVILLE FL 32225

Name

Street Address (P.O. Box Number is Not Acceptable)

4335 Plaza Gate Lane Apt 101

City

FL

Zip Code

32217

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.

DATE

9. Capital Contributions
as Shown on record.

\$140,000.00

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
**BELCHER, KERRY K.
1600 REEF VIEW CIR.
CORONA DEL MAR CA**

STREET ADDRESS

CITY-ST-ZIP

500005234635--5

-04/10/02--01018--026

*****526.25 ***526.25**

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-31-02

Date

Daytime Phone #

0006232
AT

CR2E003 (9/01)

STAPLE CHECK HERE