

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0006568 AT

DOCUMENT # A18069

1. Entity Name
HERITAGE VILLAS OF PUNTA GORDA, LTD.



FILED

03 APR 30 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
7865 SOUTHSIDE BLVD.
SUITE 14
JACKSONVILLE FL 32256

Mailing Address
7865 SOUTHSIDE BLVD.
SUITE 14
JACKSONVILLE FL 32256

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, 2003

4. FEI Number 59-2448458

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

SELIGMAN, KAREN J
7865 SOUTHSIDE BLVD.
JACKSONVILLE FL 32256

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$74,748.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 HOLMES, ROGER B.
STREET ADDRESS 1253 S. SHORE DRIVE
CITY-ST-ZIP ORANGE PARK FL

STREET ADDRESS
CITY-ST-ZIP 04/30/03--01105--016 **535.00

DOCUMENT #
NAME SELIGMAN, SANFORD L.
STREET ADDRESS 7865 SOUTHSIDE BLVD.
CITY-ST-ZIP JACKSONVILLE FL 32256

STREET ADDRESS
CITY-ST-ZIP 600017613566
04/30/03--01105--016 **535.00

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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

21207 904 204-4025
Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE