

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A18653**

1. Entity Name

COMMUNITY SYNDICATE II, LTD.

FILED

LF

02 APR 25 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**1815 MICCOSUKEE COMMONS DRIVE, SUITE 104
TALLAHASSEE FL 32308**

Mailing Address

**P.O. BOX 14019
TALLAHASSEE FL 32317-4019**

2. Principal Place of Business

1809 Miccosukee Commons Dr.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 112

City & State

Tallahassee, FL

City & State

DUE BY MAY 1, 2002

4. FEI Number

59-2475199

Applied For

Not Applicable

Zip

Country **LEON
USA**

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NOBLIN, MILLARD J.

**1815 MICCOSUKEE COMMONS DRIVE, SUITE 104
TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

Name

Noblin, Millard J.

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

1809 Miccosukee Commons Drive

Suite 112

City

Tallahassee

FL

Zip Code
32308

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.

\$2,354,300.00

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP

**NOBLIN, MILLARD J.
1815 MICCOSUKEE COMMONS DRIVE, SUITE 104
TALLAHASSEE FL 32308**

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP

**1809 Miccosukee Commons Drive, Suite 112
Tallahassee, FL 32308**

DOCUMENT #
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CITY-ST-ZIP

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STREET ADDRESS
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CR2E003 (9/01)

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

Date

(850) 877-5841

Daytime Phone #