

602 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A19699**

Entity Name

NORTHGATE PARTNERS, LTD.

Principal Place of Business

**REALTY COMPANIES, LTD.
FLETCHER AVE.
FL 33612**

Mailing Address

**P.O. BOX 11229
KNOXVILLE TN 37939**

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Country

Zip

Country

5. (Name and Address of Current Registered Agent

**CLIFFORD L
11TH ST. W.
DENTON FL 34205**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Capital Contributions
shown on record.

\$345,000.00

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.**

GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

**T # L00000000632
ADDRESS NORTHGATE GENERAL LLC
340 S. PALM AVE., APT. 45
CITY- ST- ZIP SARASOTA FL 34236**

STREET ADDRESS

CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

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 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 #

APPROVED
AND
FILED

02 JUN 13 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DUE BY MAY 1, 2002

4. FEI Number

62-1234834

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

0019501 AB

CR2E003 (9/01)

↑ TO OPEN FOLD AND TEAR ALONG PERFORATION ↑