

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A21816**

1. Entity Name

DEER POINTE OF TALLAHASSEE, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 12 PM 1:25

[Handwritten signature]

Principal Place of Business
**4332 CAPITAL CIRCLE, N.W.
TALLAHASSEE FL 32303**

Mailing Address
**4332 CAPITAL CIRCLE, N.W.
TALLAHASSEE FL 32303-7234**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2791135**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**BUTLER, NEIL H.
322 BEARD STREET
TALLAHASSEE FL 32303**

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: **\$717,200.00**

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 # **L49196**
NAME **DEER POINTE OF TALLAHASSEE, INC.**
STREET ADDRESS **4332 CAPITAL CIRCLE, NW**
CITY - ST - ZIP **TALLAHASSEE FL**

STREET ADDRESS **4223 CAPITAL CIRCLE NW**
CITY - ST - ZIP **TALLAHASSEE, FL 32303**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

900003275809--7
-06/05/00--01005--012
******771.25 ****437.50**

DOCUMENT #
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STREET ADDRESS
CITY - ST - ZIP

900003275809--7
-07/20/00--01030--020
*******88.75 *****88.75**

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STREET ADDRESS
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:

[Handwritten signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

5/1/00 800 562-1027
Date Daytime Phone #

0012152 AY

CR2E003 (9/99)