

2001 UNIFORM BUSINESS REPORT (UBR)

142

DOCUMENT # **A28670**

1. Entity Name

TAYLOR CREEK ASSOCIATES, LTD.

FILED

01 AUG 28 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

PO BOX 220461
CHARLOTTE NC 28222

Mailing Address

PO BOX 220461
CHARLOTTE NC 28222

2. Principal Place of Business

3. Mailing Address

PO Box 78915

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY SEPTEMBER 26, 2001

City & State

City & State
CHARLOTTE NC

4. FEI Number **65-0129505**

Applied For
Not Applicable

Zip

Country

Zip
28271

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

**ABERNATHY, BRUCE R., JR.
900 VIRGINIA AVE. PROFESSIONAL CTR.
SUITE 6
FT. PIERCE FL 34982**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$600,000.00**

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	
DOCUMENT #	819207
NAME	HOLLAND CONSTRUCTION CO. INC.
STREET ADDRESS	340 WEDDINGTON-MARVIN RD
CITY-ST-ZIP	WEDDINGTON NC
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	600004571056--7
CITY-ST-ZIP	-09/05/01--01075--011
	***526.25 ***526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

GEN-PART.
08-24-01 704-846-1029
Date Daytime Phone #

CFR2E003 (5/01)