

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A30134**

1. Entity Name

WINDSOR PARKE DEVELOPMENT LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 28 AM 3:05

Principal Place of Business

8221 OLD COURTHOUSE ROAD, SUITE 204
VIENNA VA 22182

Mailing Address

8221 OLD COURTHOUSE ROAD, SUITE 204
VIENNA VA 22182-3839

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3028719

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

AMNED PROPERTIES, INC.
6900 SOUTHPPOINT DRIVE NORTH
SUITE 250
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

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.

\$13,617.55

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 # **L64711**
NAME **AMNED PROPERTIES, INC.**
STREET ADDRESS **6900 SOUTHPNT DR NO, 520**
CITY - ST - ZIP **JACKSONVILLE FL**

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CITY - ST - ZIP

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

6900 SOUTHPPOINT DR., # 250

CITY - ST - ZIP

STREET ADDRESS

000003271270--5

-05/31/00--01014--021

CITY - ST - ZIP

******186.75 ****186.75**

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

BY: **AMNED PROPERTIES, INC. GENERAL PARTNER**

SIGNATURE:

MADE CITY STATE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

BY: **MARC C. HUTCHINSON, TREASURER** 4/24/00 (703) 506-1006

Date

Daytime Phone #

CR2E003 (9/99)