

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A30785**

1. Entity Name

WICKHAM WAY TOWNHOMES, A LIMITED PARTNERSHIP

FILED

02 APR 26 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**900 BROOKSTONE CENTRE PARKWAY
P.O. BOX 6566
COLUMBUS GA 31995**

Mailing Address

**900 BROOKSTONE CENTRE PARKWAY
P.O. BOX 6566
COLUMBUS GA 31995**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

58-1912887

Applied For

Not Applicable

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

**CORPORATION INFORMATION SERVICES, INC.
502 EAST PARK AVENUE
TALLAHASSEE FL 32301**

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

DATE

9. Capital Contributions
as Shown on record.

\$98.00

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 # **M99000000746**
NAME **FLOURNOY TAX CREDIT INVESTMENT COMPANY II**
STREET ADDRESS **900 BROOKSTONE CEN. PKWY**
CITY-ST-ZIP **COLUMBUS GA 31904**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **FLOURNOY, JOHN F.**
NAME **900 BROOKSTONE CEN. PKWY**
STREET ADDRESS **COLUMBUS GA 31904**
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/22/02

Date

(706) 321-4000

Daytime Phone #

CR2E003 (9/01)

0019330 AB