

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A30788**

1. Entity Name

SANTE FE TOWNHOMES, A LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR -4 AM 9:48



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 31917-6566

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **58-1912886**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) 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 #	P04689	STREET ADDRESS	
NAME	FLOURNOY DEV. CO.	CITY - ST - ZIP	800003195548--9
STREET ADDRESS	900 BROOKSTONE CEN. PKWY		-04/04/00--01085--003
CITY - ST - ZIP	COLUMBUS GA		****141.25 ****141.25
DOCUMENT #		STREET ADDRESS	
NAME	FLOURNOY, JOHN F.	CITY - ST - ZIP	
STREET ADDRESS	900 BROOKSTONE CEN. PKWY		
CITY - ST - ZIP	COLUMBUS GA		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
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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: **Thomas D. Kinney** THOMAS D. KINNEY 3/17/2000 (706) 324-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)