

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A30863**

1. Entity Name

RENAISSANCE RETIREMENT LTD., II

Principal Place of Business

6000 LAKE FORREST DR.
STE 200
ATLANTA GA 30328

Mailing Address

6000 LAKE FORREST DR.
STE 200
ATLANTA GA 30328-5902

2. Principal Place of Business

589 Atlanta St. # A
Suite, Apt. #, etc.

3. Mailing Address

589 Atlanta St.
Suite A

City & State

Roswell GA

City & State

Roswell, GA

Zip

30075

Country

US

Zip

30075

Country

US

4. FEI Number

59-3030828

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NEAL, A.R. ESQ.

13577 FEATHER SOUND DRIVE, SUITE 300
CLEARWATER FL 34622

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.

\$90.00

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 # P27673
NAME WINTER HAVEN HOMES, INC.
STREET ADDRESS 6000 LAKE FORREST DR. #225
CITY - ST - ZIP ATLANTA GA 30328

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

100003183431--9
-03/24/00-01085--025
****141.25 ****141.25

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

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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

Date

Daytime Phone #

FILED
00 MAR 16 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E003 (9/99)