

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A30863**

1. Entity Name

RENAISSANCE RETIREMENT LTD., II

Principal Place of Business

**589 ATLANTA ST #A
ROSWELL GA 30075**

Mailing Address

**589 ATLANTA ST #A
ROSWELL GA 30075**

FILED

01 SEP 26 PM 5: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

593 Atlanta Street

3. Mailing Address

593 Atlanta Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY SEPTEMBER 26, 2001

City & State

Roswell, Georgia

City & State

Roswell, Georgia

4. FEI Number

59-3030828

Applied For

Not Applicable

Zip

30075

Country

USA

Zip

30075

Country

USA

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)

911 Chestnut Street

City

Clearwater

FL

Zip Code

33756

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

593 Atlanta Street

CITY-ST-ZIP

Roswell GA 30075

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

7080004622797-4

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******558.00 ****535.00**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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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 Chris Brogdon

9-25-01

770 650-7086

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (5/01)