

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A30987

1. Entity Name

AUGUSTA ASSOCIATES - WINDSOR PLAZA LIMITED PARTN

Principal Place of Business

7301 N.W. 4TH STREET, SUITE 102
PLANTATION FL 33317

Mailing Address

7301 N.W. 4TH STREET, SUITE 102
PLANTATION FL 33317-2234

2. Principal Place of Business

3. Mailing Address

641 Seneca Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Great Falls, VA

Zip

Country

Zip

22066

Country

4. FEI Number

65-0260883

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

7. Name and Address of New Registered Agent

HANNAN, DAVID F

7301 N.W. 4TH STREET, SUITE 102
PLANTATION FL 33317

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.

\$10,000.00

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 # J57190
NAME PATRON DEVELOPMENT, INC.
STREET ADDRESS 7301 N.W. 4TH STREET, SUITE 102
CITY - ST - ZIP PLANTATION FL 33317

STREET ADDRESS

CITY - ST - ZIP

000003306880--0
-06/28/00--01004--001
*****17.50 *****17.50

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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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: X

SIGNATURE REQUIRED

Robert L. Patron(Pres. GP) 2/22/2000 954-581-9388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #