

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A31077

1. Entity Name

PARK AVENUES RENTAL COMMUNITY TWO, LTD.

FILED

00 JAN 28 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
8705 PERIMETER PARK BLVD., #8
JACKSONVILLE FL 32216

Mailing Address
8705 PERIMETER PARK BLVD., #8
JACKSONVILLE FL 32216-6353

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3053916

Applied For
Not Applied

Zip Country

Zip Country

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

FORT, DONALD C
8705 PERIMETER PARK BLVD., #8
JACKSONVILLE FL 32216

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. \$11,206,824.65

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 # S28268
NAME PARK AVENUES RENTAL COMMUNITY TWO, INC.
STREET ADDRESS 8705 PERIMETER PARK BLVD., STE 8
CITY - ST - ZIP JACKSONVILLE FL 32216

STREET ADDRESS

CITY - ST - ZIP

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4000003118194--C
02/01/00-01058-015
1070.00 *535.00

Handwritten signature and notes:
OK
\$520.75
cert \$8.75

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 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

1/25/00

Date

904-641-0018

Daytime Phone #