

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A31138**

1. Entity Name

RENAISSANCE RETIREMENT LTD.

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

FILED

00 MAR 24 PM 7:55

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

589 Atlanta Street

Suite, Apt. #, etc.

Suite A

Roswell, GA

Zip 30075

Country US

3. Mailing Address

589 Atlanta Street

Suite, Apt. #, etc.

Suite A

Roswell, GA

Zip 30075

Country US

4. FEI Number

59-2989150

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

A.R. Neal, Esq.

Street Address (P.O. Box Number is Not Acceptable)

Johnson Blakley Pope Kuppel & Burns PA

100 N. Tampa St. Suite 1800

City

Tampa

FL

Zip Code

33602

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

*A R Neal*

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.

\$25,000.00

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

DOCUMENT # P27673  
NAME WINTER HAVEN HOMES, INC.  
STREET ADDRESS 6000 LAKE FORREST DRIVE #200  
CITY - ST - ZIP ATLANTA GA 30328

DOCUMENT #  
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STREET ADDRESS  
CITY - ST - ZIP

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13. ADDRESS CHANGES ONLY

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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 #

CR2E003 (9/99)