

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A31138**

1. Entity Name

**RENAISSANCE RETIREMENT LTD. III LIMITED PARTNERS**

Principal Place of Business

**589 ATLANTA STREET  
STE A  
ROSWELL GA 30075**

Mailing Address

**589 ATLANTA STREET  
STE A  
ROSWELL GA 30075**

FILED

01 SEP 26 PM 2:30

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

**59-2989150**

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**

**JOHNSON, BLAKLEY, POPE, RUPPEL & BURNS PA**

**100 N TAMPA ST., STE 1800**

**TAMPA FL 33602**

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.

**\$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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**575.00-4P  
88.75 - Adm  
8.75 - Cnt**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

**593 Atlanta Street**

CITY-ST-ZIP

**Roswell GA 30075**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

**000004622800--3**

CITY-ST-ZIP

**-10/04/01--01020--008**

**\*\*\*\*672.50 \*\*\*\*672.50**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**9-25-01**

Date

**770 650-7086**

Daytime Phone #

CR2E003 (5/01)