

2001 UNIFORM BUSINESS REPORT (UBR)

2017131 AF

DOCUMENT # **A31468**

1. Entity Name

ACADIA PARTNERS, L.P. (A LIMITED PARTNERSHIP)

FILED

01 MAR 21 AM 9:12

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**201 MAIN STREET
FT. WORTH TX 76102**

Mailing Address

**201 MAIN STREET
FT. WORTH TX 76102**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

75-2185106

Applied For

☐ Not Applicable

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

Name **National Corporate Research, Ltd., Inc.**

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

1406 Hays Street, Suite #2

City **Tallahassee**

FL

Zip Code **32301**

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

Wayne Rafanelli, WAYNE RAFANELLI, Asst. Secretary

3/5/01

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.

\$0.00

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 # **B95000000277**
NAME **ACADIA FW PARTNERS, L.P.**
STREET ADDRESS **201 MAIN STREET**
CITY-ST-ZIP **FT. WORTH TX 76102**

STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS **300003907093--0**
CITY-ST-ZIP **03/23/01--01018--018**
******141.25 ****141.25**

DOCUMENT #	NAME	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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/17/01

Date

817-338-8391

Daytime Phone #

CR2E003 (11/00)