

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A32391

Entity Name
GOLF VIEW PARTNERS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 13 AM 10:04

Principal Place of Business
8654 PONTCHARTRAIN BLVD., SUITE 4
NEW ORLEANS LA 70124

Mailing Address
8654 PONTCHARTRAIN BLVD., SUITE 4
NEW ORLEANS LA 70124-2453



DO NOT WRITE IN THIS SPACE

Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

4. FEI Number 72-1201072

Applied For
Not Applicable

Zip **Country** **Zip** **Country**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MCMILLAN, JOHN E
9385 N. 56TH, SUITE 200
TEMPLE TERRACE FL 33617

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Capital Contributions as Shown on record. \$1,793,999.00

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.

GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F93000000563	STREET ADDRESS	Mf 321100
NAME	CONTEMPORARY DEVELOPMENTS, INC.	CITY - ST - ZIP	
STREET ADDRESS	8654 PONTCHARTRAIN BLVD., SUITE 4	STREET ADDRESS	1809 MILAN STREET
CITY - ST - ZIP	NEW ORLEANS LA 70124	CITY - ST - ZIP	NEW ORLEANS, LA 70115
DOCUMENT #		STREET ADDRESS	
NAME	PELIAS, GUS M., JR.	CITY - ST - ZIP	
STREET ADDRESS	284 BELLAIRE DRIVE	STREET ADDRESS	3000003178673-1
CITY - ST - ZIP	ST. PETERSBURG FL	CITY - ST - ZIP	-03/21/00--01113--005
DOCUMENT #		STREET ADDRESS	****526.25 ****526.25
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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: **2/25/00 (504) 283-2515**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER: CONTEMPORARY DEVELOPMENTS, INC.

Daytime Phone #

CR2E003 (9/99)