

2001 UNIFORM BUSINESS REPORT (UBR)

0018989 AB

DOCUMENT # **A32391**

1. Entity Name

GOLF VIEW PARTNERS, LTD.

FILED

Handwritten signature

Principal Place of Business

**8654 PONTCHARTRAIN BLVD., SUITE 4
NEW ORLEANS LA 70124**

Mailing Address

**8654 PONTCHARTRAIN BLVD., SUITE 4
NEW ORLEANS LA 70124**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 19 AM 9:30



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

4. FEI Number

72-1201072

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

MCMILLAN, JOHN E

9385 N. 56TH, SUITE 200

TEMPLE TERRACE FL 33617

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.

\$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.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **F93000000563**
NAME **CONTEMPORARY DEVELOPMENTS, INC.**
STREET ADDRESS **8654 PONTCHARTRAIN BLVD., SUITE 4**
CITY-ST-ZIP **NEW ORLEANS LA 70124**

STREET ADDRESS

CITY-ST-ZIP

8000003576368-1
-01/26/01--01046--012
******526.25 ****526.25**

DOCUMENT #
NAME **PELIAS, GUS M., JR.**
STREET ADDRESS **1809 MILAN STREET**
CITY-ST-ZIP **NEW ORLEANS LA 70115**

STREET ADDRESS

CITY-ST-ZIP

PAID

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

AMOUNT

CHECK #

DATE

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/15/01 **504/283-2595**
Date Daytime Phone #

CR2E003 (1/00)