

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A33170**

1. Entity Name

**TREE HOUSE TOWNHOMES, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY 16 PM 1:33



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

ATTN: OFFICE

ATTN: OFFICE

1828 WEST PENSACOLA STREET

1828 WEST PENSACOLA STREET

TALLAHASSEE FL 32304

TALLAHASSEE FL 32304-3510

2. Principal Place of Business

3. Mailing Address

631 E. Gail ST

631 E. Gail ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 110

SUITE 110

City & State  
TALLAHASSEE FL

City & State  
TALLAHASSEE FL

4. FEI Number

59-3179998

Applied For

Not Applicable

Zip

Country

Zip

Country

32301

32301

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

COOPER, CHARLES L., JR.

2414 EAST PLAZA DRIVE

TALLAHASSEE FL

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.

\$102,000.00

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.

43750

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
RAINEY, DENNETT I.  
1828 WEST PENSACOLA  
TALLAHASSEE FL 32304

STREET ADDRESS  
CITY - ST - ZIP  
631 E. Gail ST SUITE 110  
TALLAHASSEE, FL 32301

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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:

DENNETTE RAINEY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4-10-00 222-4808