

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000000125

1. Entity Name

CLASSIC FLORIDA HOMES/THE POINTE LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL -3 PM 1:29

Principal Place of Business

435 10TH AVENUE WEST
PALMETTO FL 34221

Mailing Address

PO BOX 277
PALMETTO FL 34205-8530



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

525-8th ST W

3. Mailing Address

525-8th ST W

Suite, Apt. #, etc.

BRADENTON

Suite, Apt. #, etc.

BRADENTON

City & State

FLORIDA

City & State

FLORIDA

4. FEI Number

65-6116558

Applied For

Not Applicable

Zip

34205

Country

USA

Zip

34205

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAPES, REED W
435 10TH AVENUE WEST
PALMETTO FL 34221

7. Name and Address of New Registered Agent

Name REED W MAPES

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

525-8th ST W

City

BRADENTON

FL

Zip Code

34205

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.

\$400,000.00

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 # J81832
NAME CLASSIC FLORIDA HOMES, INC.
STREET ADDRESS 435 10TH AVENUE WEST
CITY - ST - ZIP PALMETTO FL 34221

DOCUMENT #
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CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

525-8th ST W

CITY - ST - ZIP

BRADENTON, FL. 34205

STREET ADDRESS

CITY - ST - ZIP

600003316036--1

07/07/00 01040-001

***926.25 ***926.25

STREET ADDRESS

CITY - ST - ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

6/24/2000

Date

708-3444

Daytime Phone #