

2002 UNIFORM BUSINESS REPORT (UBR)

235

DOCUMENT # **A93000000158**

FILED

1. Entity Name

02 FEB -7 AM 8:06

MYSTIC POINTE APTS. LTD.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**5700 SW 34TH ST., SUITE 1307
GAINESVILLE FL 32669**

Mailing Address
**20721 SW 46TH AVE.
NEWBERRY FL 32669**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number **59-3164770**

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

7. Name and Address of New Registered Agent

**DAVIS, NORITA V
20721 SW 46TH AVENUE
NEWBERRY FL 32669**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$10,562,000.00** 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 | | 13. ADDRESS CHANGES ONLY | |
|---|---|--------------------------|--|
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | DAVIS, RONNIE C 20725 S.W. 46TH AVENUE NEWBERRY FL 32669 | STREET ADDRESS | |
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***535.00 ***535.00

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 1/6/02 352.472.3952
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)