

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000001137**

1. Entity Name  
**PINELLAS NORTHSIDE PARTNERS, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

MAY -1 PM 12:06

Principal Place of Business  
C/O HIGHWOODS/FLORIDA L.P.  
3100 SMOKETREE COURT, SUITE 600  
RALEIGH NC 27604

Mailing Address  
HILL WARD & HENDERSON  
P.O. BOX 2231  
TAMPA FL 33601-2231



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

3. Mailing Address  
3100 SMOKETREE COURT  
Suite, Apt. #, etc.  
SUITE 600  
City & State  
RALEIGH NC  
Zip  
27604

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-3212454

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

JOHANNES, DALE  
201 EAST PINE STREET, SUITE 475  
ORLANDO FL 32801

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. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$1,000,000.00**

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 # **B96000000467**  
NAME **HIGHWOODS/FLORIDA HOLDINGS, L.P.**  
STREET ADDRESS **3100 SMOKETREE COURT, SUITE 600**  
CITY - ST - ZIP **RALEIGH NC 27604**

STREET ADDRESS  
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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: **MICHELLE VAN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/27/02  
919-872-4924  
Date Daytime Phone #

FILED