

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000001299

1. Entity Name

TIMBER RIDGE OF IMMOKALEE, LIMITED PARTNERSHIP

Principal Place of Business
2449 SANDERS PINES CIRCLE
IMMOKALEE FL 34142

Mailing Address
2449 SANDERS PINES CIRCLE
IMMOKALEE FL 34142-2101

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0453149

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

GOODLETTE, J. DUDLEY ESQ.
3001 TAMiami TRAIL NORTH
NAPLES FL 33940

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. \$1,442,265.00

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 # N12626
NAME IMMOKALEE NON-PROFIT HOUSING, INC.
STREET ADDRESS 2449 SANDERS PINES CIRCLE
CITY - ST - ZIP IMMOKALEE FL 34142

STREET ADDRESS

CITY - ST - ZIP

9000003115083--0
-01/28/00--01096--011
***526.25 ***526.25

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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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1-19-2000

941-657-8333

FILED

00 JAN 24 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE