

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0015177 AT

DOCUMENT # **A93000001299**

1. Entity Name

TIMBER RIDGE OF IMMOKALEE, LIMITED PARTNERSHIP

02 APR 18 PM 2: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**2449 SANDERS PINES CIRCLE
IMMOKALEE FL 34142**

Mailing Address

**2449 SANDERS PINES CIRCLE
IMMOKALEE FL 34142**



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

65-0453149

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

**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.

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

**800005338748--8
-04/25/02--01013--015**

DOCUMENT #
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CITY-ST-ZIP

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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 no 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

2-18-02

741-657-8333

Date

Daytime Phone #

CR2E003 (9/01)