

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000001318

1. Entity Name  
LAKE HELEN COURT RHH, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 17 AM 11:36

Principal Place of Business  
205 N.W. 22ND STREET  
GAINESVILLE FL 32603-1414

Mailing Address  
P.O. DRAWER 2610  
GAINESVILLE FL 32602-2610



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3270872		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired		X \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SANCHEZ, J. ROLANDO 205 N.W. 22ND STREET GAINESVILLE FL 32603-1414				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
9. Capital Contributions \$797,804.00		10. Amount of Capital Contributions		11. MAKE CHECK PAYABLE TO DEPT. OF STATE	
as Shown on record.		in FLORIDA to date.		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	
NAME	CHAPMAN, WAYNE A	CITY - ST - ZIP	7000003156067--8
STREET ADDRESS	4935 N. SURFCREST DRIVE		-03/03/00--01024--002
CITY - ST - ZIP	OAK HARBOR WA 98277		*****535.00 *****535.00
DOCUMENT #	NAME	STREET ADDRESS	
NAME	SANCHEZ, J. ROLANDO	CITY - ST - ZIP	uf 2/28/00
STREET ADDRESS	205 N.W. 22ND STREET		
CITY - ST - ZIP	GAINESVILLE FL 32603		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
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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: J. ROLANDO SANCHEZ 1-18-00 352-378-5454  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)