

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000001327**

1. Entity Name

SEMINOLE HOUSE, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 16 PM 1:33



DO NOT WRITE IN THIS SPACE

Principal Place of Business

ATTN: OFFICE
1828 WEST PENSACOLA STREET
TALLAHASSEE FL 32304

Mailing Address

ATTN: OFFICE
1828 WEST PENSACOLA STREET
TALLAHASSEE FL 32304-3510

2. Principal Place of Business

631 E. CALL ST, SUITE 110

3. Mailing Address

631 E. CALL ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 110

City & State

TALLAHASSEE, FL

City & State

TALLAHASSEE, FL

Zip

Country

Zip

Country

32301

32301

4. FEI Number

59-3227910

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COOPER, CHARLES L JR.
2414 EAST PLAZA DRIVE
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

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.

\$200,000.00

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.

437.50

12. GENERAL PARTNER INFORMATION

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
RAINEY, DENNETT I
1828 WEST PENSACOLA
TALLAHASSEE FL 32304

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY - ST - ZIP
631 E. CALL ST SUITE 110
TALLAHASSEE, FL 32301

DOCUMENT #
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CITY - ST - ZIP

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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:

DENNETT I RAINEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4-11-00 222-4808