

# 2001 UNIFORM BUSINESS REPORT (UBR)

0020064 AB

DOCUMENT # **A94000000430**

1. Entity Name

**ASHLEY POINT PARTNERS, LTD.**

**FILED**

**01 APR 30 PM 6:59**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**4255 BARWOOD DRIVE  
ORLANDO FL 32809**

Mailing Address  
**C/O RENTAL HOUSING PRESERVATION CORP.  
121 SOUTH ESTES DRIVE, SUITE 101  
CHAPEL HILL NC 27514**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number **56-1871383**  
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**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$246,289.00**

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 #	<b>P94000023937</b>	STREET ADDRESS	
NAME	<b>ASHLEY POINT DEVELOPMENT, INC.</b>	CITY-ST-ZIP	<b>600004213646--3</b>
STREET ADDRESS	<b>121 SOUTH ESTES DRIVE, SUITE 101</b>		<b>-05/11/01-01153-011</b>
CITY-ST-ZIP	<b>CHAPEL HILL NC 27514</b>		<b>****526.25 ****526.25</b>
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	<b>516</b>
STREET ADDRESS			<b>5110</b>
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
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: **Joseph M. Baker**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**April 26-01 (919) 933-1333**  
Date Daytime Phone #

CR2E003 (11/00)