

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A35000000200**

1. Entity Name

TRAILS ASSOCIATES LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -9 PM 1:33



DO NOT WRITE IN THIS SPACE

Principal Place of Business

C/O HPI PARTNERS III, INC.
290 KING OF PRUSSIA RD.,STE. 122. BLDG. 2
RADNOR PA 19087-5111

Mailing Address

C/O HPI PARTNERS III, INC.
290 KING OF PRUSSIA RD.,STE. 122. BLDG. 2
RADNOR PA 29401-2106

2. Principal Place of Business

2 Gillon Street

3. Mailing Address

2 Gillon Street

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

Suite A

City & State

Charleston, SC

City & State

Charleston, SC

4. FEI Number

59-3289032

Applied For

Not Applicable

Zip

29401

Country

USA

Zip

29401

Country

USA

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

B & C CORPORATE SERVICES OF CENT. FLA.,INC
309 N. ORANGE AVENUE, SUITE 1100
ORLANDO FL 32801

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.

\$99.00

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
DOCUMENT # F93000004313
NAME HPI PARTNERS III, INC.
STREET ADDRESS 290 KING OF PRUSSIA RD.,STE. 122, BLDG. 2
CITY - ST - ZIP RADNOR PA 19087-5111

13. ADDRESS CHANGES ONLY
STREET ADDRESS 2 Gillon Street, Suite A
CITY - ST - ZIP Charleston, SC 29401

DOCUMENT #
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500003243965--0
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/23/00

Date

843-853-0311

Daytime Phone #