

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000000298**

1. Entity Name

HEATHGATE ASSOCIATES LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 29 AM 10:41



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3461 CREEVIEW DRIVE BONITA SPRINGS FL 34134	Mailing Address 3461 CREEVIEW DRIVE BONITA SPRINGS FL 34134
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0577282	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GOODMAN, KENNETH D GOODMAN BREEN LILE & GOLDMAN 3838 TAMiami TRAIL NPrth STE 300 NAPLES FL 34103		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 _____

9. Capital Contributions as Shown on record. \$1,000,000.00	10. Amount of Capital Contributions in FLORIDA to date. 1,000,000.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	STIMPSON, JOHN G 3461 CREEVIEW DRIVE BONITA SPRINGS FL 34134	STREET ADDRESS	mf 3113100
NAME		CITY - ST - ZIP	
CITY - ST - ZIP			
DOCUMENT #	STIMPSON, KATHLEEN E 3461 CREEVIEW DRIVE BONITA SPRINGS FL 34134	STREET ADDRESS	800003169248--8 -03/14/00--01093--006 ****526.25 ****526.25
NAME		CITY - ST - ZIP	
CITY - ST - ZIP			
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NAME		CITY - ST - ZIP	
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: **John G. Stimpson, General Partner** **2-12-00 941.495-8264**

0021042 311 CR2E003 (9/99)