

# 2001 UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT # A95000000555**  
 1. Entity Name  
**MYSTIC POINTE II LTD.**

FILED  
 01 APR 26 PM 3:53  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address  
 5700 S.W. 34TH STREET, SUITE 1307      5700 S.W. 34TH STREET, SUITE 1307  
 GAINESVILLE FL 32608      GAINESVILLE FL 32608

2. Principal Place of Business      3. Mailing Address  
 20725 S.W. 46th Ave.      20725 S.W. 46th Ave.  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State      City & State  
 Newberry, FL      Newberry, FL

Zip      Country      Zip      Country  
 32669      USA      32669      USA

4. FEI Number      Applied For  
**59-3413037**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required  
     

6. Name and Address of Current Registered Agent  
**DAVIS, NORITA V**  
**20721 S.W. 46TH AVENUE**  
**NEWBERRY FL 32669**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

9. Capital Contributions as Shown on record.      \$7,057,537.00      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 #	A95000000823
NAME	DAVIS HERIAGE, LTD.
STREET ADDRESS	5700 S.W. 34TH STREET, SUITE 1307
CITY-ST-ZIP	GAINESVILLE FL 32608
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	900004138499--2
CITY-ST-ZIP	-05/07/01--01012--018 ***2205.00 ****535.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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:      4/24/01      (352) 472-7773  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

CR2E003 (11/00)