

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **A95000001235**

1. Entity Name
TOWNPART, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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Principal Place of Business
3250 MARY ST. #404
C/O STEINER & ASSOCIATES
MIAMI FL 33133

Mailing Address
3250 MARY ST. #404
C/O STEINER & ASSOCIATES
MIAMI FL 33133



2. Principal Place of Business
4016 Townstar Way
Suite, Apt. #, etc.
Suite 201
City & State
Columbus OH
Zip
43219 Country
USA

3. Mailing Address
4016 Townstar Way
Suite, Apt. #, etc.
Suite 201
City & State
Columbus OH
Zip
43219 Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0610164** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
DOCKERTY, SUZANNE
110 MERRICK WAY
SUITE 3-B
CORAL GABLES FL 33134

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. **\$3,000.00** 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.

12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY	
DOCUMENT #	L95000000162	STREET ADDRESS		
NAME	BAGHEERA INTERESTS, L.C.	CITY-ST-ZIP		
STREET ADDRESS	3250 MARY ST. #404			
CITY-ST-ZIP	MIAMI FL 33133			
DOCUMENT #		STREET ADDRESS		
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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]** REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (5/00)