

2000 UNIFORM BUSINESS REPORT (UBR)

UNIFORM
STATE

DOCUMENT # A95000001302

1. Entity Name
RIVER TRACE OF NEW PORT RICHEY, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 20 PM 2: 25



DO NOT WRITE IN THIS SPACE

Principal Place of Business 29656 U.S. HIGHWAY 19 NORTH STE. 100 CLEARWATER FL 33761	Mailing Address 29656 U.S. HIGHWAY 19 NORTH STE. 100 CLEARWATER FL 33761-1534
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3332623	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	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 MINIERI, CARL N 29656 U.S. HIGHWAY 19 NORTH STE. 100 CLEARWATER FL 33761		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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. \$990,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE. SEE REVERSE SIDE FOR FEE INFORMATION
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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 # NAME STREET ADDRESS CITY - ST - ZIP	P95000067593 RIVER TRACE OF NEW PORT RICHEY, INC. 29656 U.S. HIGHWAY 19 NORTH, SUITE 100 CLEARWATER FL 33761	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	BLP
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		CITY - ST - ZIP	300003192539--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: *Carl N. Minieri* **GEN. PARTNER** **3-15-00** **727.787.3111**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)