

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A95000001630

1. Entity Name

FAISON-WATERFORD LAKES VILLAGE LIMITED PARTNERSH

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 20 PM 12:45

Principal Place of Business Mailing Address
121 W. TRADE ST. SUITE 2550 121 W. TRADE ST. SUITE 2550
CHARLOTTE NC 28202 CHARLOTTE NC 28202-1160



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State

4. FEI Number 56-1943626 Applied For Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 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. \$100.00 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 #	F92000000164	STREET ADDRESS	STE 2550	
NAME	FAISON CAPITAL DEVELOPMENT, INC.	CITY - ST - ZIP		
STREET ADDRESS	121 WEST TRADE STREET, 1900 INTERSTATE TWR	STREET ADDRESS	3000003188999-2	
CITY - ST - ZIP	CHARLOTTE NC 28202-5399	CITY - ST - ZIP	-03/29/00--01076--005	
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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: BY: FAISON CAPITAL DEVELOPMENT, INC. GENERAL PARTNER Diane K. Hunter 3-8-00 704-972-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER ASSISTANT SECRETARY Date Daytime Phone #