

2000 UNIFORM BUSINESS REPORT (UBR)

112100

CR2E003 (9/99)

DOCUMENT # A96000001153

1. Entity Name
PINELLAS REALTY FUND VI, LTD.

Principal Place of Business
9095 BAYWOOD PARK DRIVE
SEMINOLE FL 34647

Mailing Address
9095 BAYWOOD PARK DRIVE
SEMINOLE FL 34647

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip 33777 Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip 33777 Country

4. FEI Number 59-3388651
Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
STANMORE, THEODORE C
9095 BAYWOOD PARK DRIVE
SEMINOLE FL 34647

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. \$130,000.00
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
DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
STANMORE, THEODORE C
9095 BAYWOOD PARK DRIVE
SEMINOLE FL 34647

13. ADDRESS CHANGES ONLY
STREET ADDRESS
CITY - ST - ZIP
STREET ADDRESS
CITY - ST - ZIP
STREET ADDRESS
CITY - ST - ZIP
STREET ADDRESS
CITY - ST - ZIP
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: SIGNATURE OF STANMORE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Date 2/7/2000 Daytime Phone # 727 525 2066

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 FEB -9 AM 11:22



DO NOT WRITE IN THIS SPACE

4000003144044-5
-02/23/00--01020--010
****526.25 ****526.25

inf 2/17/00