

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000001353**

1. Entity Name

ROSEMONT MANOR II LTD.

FILED

01 FEB 16 AM 9:34

Principal Place of Business

5700 S.W. 34TH STREET, SUITE 1307
GAINESVILLE FL 32608

Mailing Address

5700 S.W. 34TH STREET, SUITE 1307
GAINESVILLE FL 32608

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

20721 SW 46 Ave
Suite, Apt. #, etc.

3. Mailing Address

20721 SW 46 Ave
Suite, Apt. #, etc.

City & State

Newberry, FL

City & State

Newberry, FL

4. FEI Number

59-3408558

Applied For

Not Applicable

Zip

Country

32669 USA

Zip

Country

32669 USA

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, NORITA V
20721 S.W. 46TH AVENUE
NEWBERRY FL 32669

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
DAVIS, RONNIE C
20721 S.W. 46TH AVENUE
NEWBERRY FL 32669

STREET ADDRESS

CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Ronnie C. Davis, the Gen. Partner

2/7/01

Date

43527472-3952

Daytime Phone #

0000943

AF

CR2E003 (11/00)