

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000812**

1. Entity Name

**HERON POINTE, LTD.**

FILED

00 APR -5 PM 2:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 2121 PONCE DE LEON BLVD., PENTHOUSE II, CORAL GABLES FL 33134  
Mailing Address: 2121 PONCE DE LEON BLVD., PENTHOUSE II, CORAL GABLES FL 33134-5224

2. Principal Place of Business: 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0754876**

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

7. Name and Address of New Registered Agent

**CORNERSTONE HERON POINTE, INC.**  
2121 PONCE DE LEON BLVD., SUITE 650  
CORAL GABLES FL 33134

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: **\$4,249,570.00**

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 # **P97000032939**  
NAME **CORNERSTONE HERON POINTE, INC.**  
STREET ADDRESS **2121 PONCE DE LEON BLVD., SUITE 650**  
CITY - ST - ZIP **CORAL GABLES FL 33134**

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

02-88-00

(305) 4438288

Date

Daytime Phone #

CR2E001 (SMR)