

# 2001 UNIFORM BUSINESS REPORT (UBR)

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001311

1. Entity Name

FOUNTAINHEAD APARTMENTS-NATIONAL, LTD.

FILED

Principal Place of Business

C/O FOUNTAINHEAD APARTMENTS  
417 FOUNTAINHEAD CIRCLE  
KISSIMMEE FL 34741

Mailing Address

280 PARK AVENUE, EAST BUILDING, 20TH FLOOR  
NEW YORK NY 10017

01 JUN 20 AM 10:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1775 Broadway  
Suite, Apt. #, etc.  
23rd Floor

3. Mailing Address

3100 Monticello  
Suite, Apt. #, etc.  
Suite 200

City & State

New York NY

City & State

Dallas TX

4. FEI Number

13-3977304

Applied For

Not Applicable

Zip

10019

Country

USA

Zip

75205

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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.

\$10,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$10,000.00

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 # P97000051562  
NAME FOUNTAINHEAD, INC.  
STREET ADDRESS 280 PARK AVENUE, EAST BLDG., 20TH FLOOR  
CITY-ST-ZIP NEW YORK NY 10017

13. ADDRESS CHANGES ONLY

STREET ADDRESS 1775 Broadway, 23rd Floor  
CITY-ST-ZIP New York, NY 10019

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

FOUNTAINHEAD, INC.

SIGNATURE: Kathryn Mansfield 4-9-01 214-599-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)