

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001498

1. Entity Name

THE TEASE, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -7 AM 9:46

Principal Place of Business

114 SE 1ST ST., STE 2
GAINESVILLE FL 32601

Mailing Address

114 SE 1ST ST., STE 2
GAINESVILLE FL 32601-6879



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3430967

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WATERS, AMBER
114 SE 1ST ST., STE 2
GAINESVILLE FL 32601

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.

\$2,000.00

10. Amount of Capital Contribution
in FLORIDA to date.

\$2000.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVENUE 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
WATERS, AMBER
738 N.W. 31ST AVE
GAINESVILLE FL 32609

STREET ADDRESS
CITY - ST - ZIP
2041 NE 17th terrace
Gainesville, FL 32609

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
CARNUCCIO, PATTI
216 ASHLEY LAKE DRIVE
MELROSE FL 32666

STREET ADDRESS
CITY - ST - ZIP
600003138006--0
-02/17/00--01005--017
****150.00 ****150.00

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
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:

Amber Waters

1-21-00

3523714677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone

CR2E003 (9/99)