

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000001658**

1. Entity Name

**TRIAD PROPERTIES HOLDINGS - FT. MYERS, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -3 PM 1:33

Principal Place of Business  
**AMSOUTH CENTER, SUITE 1001  
200 CLINTON AVENUE WEST  
HUNTSVILLE AL 35801**

Mailing Address  
**AMSOUTH CENTER, SUITE 1001  
200 CLINTON AVENUE WEST  
HUNTSVILLE AL 35801-4918**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **72-1390319**

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

**BEYER, DAVID A  
C/O RUDNICK & WOLFE  
101 EAST KENNEDY BLVD., SUITE 2000  
TAMPA FL 33602**

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. **\$686,070.00**

10. Amount of Capital Contributions in FLORIDA to date. **406,600.00**

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			13. ADDRESS CHANGES ONLY	
DOCUMENT #	<b>L9700000809</b>	<b>TRIAD PROPERTIES HOLDINGS - FLORIDA, L.L.C 200 CLINTON AVENUE WEST, SUITE 1001 HUNTSVILLE AL 35801</b>	STREET ADDRESS	
NAME			CITY - ST - ZIP	
STREET ADDRESS				
CITY - ST - ZIP				
DOCUMENT #			STREET ADDRESS	<b>0000003283680--1</b>
NAME			CITY - ST - ZIP	<b>06/08/00 01114-003</b>
STREET ADDRESS				<b>****526.25 ****526.25</b>
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STREET ADDRESS				
CITY - ST - ZIP				

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 REQUIRED** **5/1/00** **256-551-1000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

C-2E000 (9/93)