

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000001746**

1. Entity Name  
**FIRST ADDITION LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 27 AM 3:05

Principal Place of Business  
**2700-D NW 43RD STREET  
GAINESVILLE FL 32606**

Mailing Address  
**2700-D NW 43RD STREET  
GAINESVILLE FL 32607-1635**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**7328-F W. University Ave**  
Suite, Apt. #, etc.

3. Mailing Address  
**7328-F W. University Ave.**  
Suite, Apt. #, etc.

City & State  
**Gainesville, FL**

City & State  
**Gainesville, FL**

4. FEI Number **59-3496385**

Applied For  
Not Applicable

Zip **32607** Country

Zip **32607** 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**

**SHAW, JAMES W**  
**2700-D NW 43RD STREET**  
**GAINESVILLE FL 32606**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**13505 NW 85th Pl**  
City **Alachua** FL Zip Code **32615**

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 **James W. Shaw** **4/4/00**  
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. ~~\$2,400,000.00~~  
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**

**13. ADDRESS CHANGES ONLY**

DOCUMENT # **P96000014844**  
NAME **HERITAGE PARK OF GAINESVILLE, INC.**  
STREET ADDRESS **2700-D NW 43RD STREET**  
CITY - ST - ZIP **GAINESVILLE FL 32606**

STREET ADDRESS **7328-F W. University Ave.**  
CITY - ST - ZIP **Gainesville, FL 32607**

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**100003263801-6**  
**-05/23/00--01082--009**  
**\*\*\*\*158.75 \*\*\*\*158.75**

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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: **James W. Shaw** **4/4/00** **352-665-8570**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)