

# 2001 UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT # A97000001746**

1. Entity Name

FIRST ADDITION LTD.

**FILED**

01 FEB 11 4 AM 10:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

7328-F W. UNIVERSITY AVE.  
GAINESVILLE FL 32607

Mailing Address

7328-F W. UNIVERSITY AVE.  
GAINESVILLE FL 32607

2. Principal Place of Business

240-D NW 76th Drive

3. Mailing Address

240-D NW 76th Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville, FL 32607

City & State

Gainesville, FL 32607

4. FEI Number

59-3496385

Applied For

Not Applicable

Zip

32607

Country

US

Zip

32607

Country

US

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  
13505 NW 88TH PLACE  
ALACHUA FL 32615

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.

\$2,400,000.00

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 # P96000014844  
NAME HERITAGE PARK OF GAINESVILLE, INC.  
STREET ADDRESS 7328-F W. UNIVERSITY AVE.  
CITY-ST-ZIP GAINESVILLE FL 32607

STREET ADDRESS 240-D NW 76th Drive  
CITY-ST-ZIP Gainesville, FL 32607

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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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-17-01

352-331-9949

Date

Daytime Phone #

CR2E003 (11/00)