

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A97000002144

1. Entity Name

NORTH POINT LIMITED PARTNERSHIP NO.1

FILED

ng

Principal Place of Business

**1025 GREENWOOD BLVD., STE. 175
LAKE MARY FL 32746**

Mailing Address

**4497 PARK DRIVE
NORCROSS GA 30093**

01 APR 13 PM 12:35

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3950 Shackelford Road

Suite, Apt. #, etc.

Suite 300

City & State

City & State

Duluth, GA

4. FEI Number

59-3480206

Applied For

Not Applicable

Zip

Country

Zip

30096

Country

USA

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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.

\$0.00

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 # **B99000000219**
NAME **DUKE-WEEKS REALTY LIMITED PARTNERSHIP**
STREET ADDRESS **8888 KEYSTONE AVE., STE 1200**
CITY-ST-ZIP **INDIANAPOLIS IN 46240**

STREET ADDRESS **600 East 96th Street, Suite 100**
CITY-ST-ZIP **Indianapolis, IN 46240**

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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. By: **Duke-Weeks Realty Corporation,**
the general partner of **Duke-Weeks Realty Limited Partnership,** general partner of **North Point Limited Partnership No. 1**
SIGNATURE: Elizabeth C. Belden 4/11/01 770-717-3226

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)