

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002357**

1. Entity Name

RENAISSANCE PARTNERS VII LIMITED PARTNERSHIP

FILED

02 MAY -3 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**330 CLEMATIS STREET, SUITE 214
WEST PALM BEACH FL 33401**

Mailing Address

**330 CLEMATIS STREET, SUITE 214
WEST PALM BEACH FL 33401**

2. Principal Place of Business

3. Mailing Address

**100 S. Dixie Highway
Suite 200**

**100 S. Dixie Highway
Suite 200**

West Palm Beach, FL

West Palm Beach, FL

Zip 33401 Country USA

Zip 33401 Country USA

DUE BY MAY 1, 2002

4. FEI Number

65-0900651

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FRISBIE, DAVID W
1000 INDIAN ROAD
PALM BEACH FL 33480**

7. Name and Address of New Registered Agent

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.

DATE

9. Capital Contributions
as Shown on record.

\$7,500.00

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

DOCUMENT # **P95000028179**
NAME **REN GP CORP.**
STREET ADDRESS **330 CLEMATIS STREET, SUITE 214**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

**100 S. Dixie Highway, Suite 200
West Palm Beach, FL 33401**

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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: **BY: [Signature] PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-29-02

Date

561-832-7784

Daytime Phone #

CR2E003 (9/01)