

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002359**

1. Entity Name

RENAISSANCE PARTNERS IX LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -1 PM 1:33

Principal Place of Business
**400 CLEMATIS STREET, SUITE 205
WEST PALM BEACH FL 33401**

Mailing Address
**400 CLEMATIS STREET, SUITE 205
WEST PALM BEACH FL 33401-5322**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0900653** Applied For
Not Applicable

Zip Country

Zip 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

**FRISBIE, DAVID W
400 CLEMATIS STREET, SUITE 205
WEST PALM BEACH FL 33401**

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. **\$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 | | | 13. ADDRESS CHANGES ONLY | |
|---------------------------------|--|-----------------|--|--|
| DOCUMENT # | P95000028179 REN GP CORP. 400 CLEMATIS STREET, SUITE 205 WEST PALM BEACH FL 33401 | STREET ADDRESS | 200003290052--2 -05/15/00--01004--005 ***3837.50 ****141.25 | |
| NAME | | CITY - ST - ZIP | | |
| STREET ADDRESS | | CITY - ST - ZIP | | |
| DOCUMENT # | | STREET ADDRESS | | |
| NAME | | CITY - ST - ZIP | | |
| STREET ADDRESS | | CITY - ST - ZIP | | |
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| DOCUMENT # | | STREET ADDRESS | | |
| NAME | | CITY - ST - ZIP | | |
| 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: **REN GP CORP** By: **Andrew M. A. Ken** 4/28/00 561-832-7784
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)