

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000315**

1. Entity Name

EMERALD GLEN OF MARIANNA LTD.

150

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -7 AM 10: 14

Principal Place of Business 5700 S.W. 34TH STREET, SUITE 1307 GAINESVILLE FL 32608	Mailing Address 5700 S.W. 34TH STREET, SUITE 1307 GAINESVILLE FL 32608-5371
--	---

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number	Applied For
Zip	Country	62-1727104	Not Applicable



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent DAVIS, NORITA V 20721 S.W. 46TH AVENUE NEWBERRY FL 32669	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
---	---

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. \$100.00	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 # NAME STREET ADDRESS CITY - ST - ZIP	DAVIS, RONNIE C 5700 S.W. 34TH STREET, SUITE 1307 GAINESVILLE FL 32608	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	DAVIS, STEFAN M 5700 S.W. 34TH STREET, SUITE 1307 GAINESVILLE FL 32608	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	A95000000823 DAVIS HERITAGE LTD. 5700 S.W. 34TH STREET, SUITE 1307 GAINESVILLE FL 32608	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/4/00
Date

Daytime Phone #

0000924

AF

CR2E003 (9/99)