

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A980000000543

1. Entity Name
AMERICAN FAMILY HOUSING II, LTD.

nf

FILED

01 APR 18 PM 12:17

Principal Place of Business
C/O JOHN W. SHEA
218 BEACH BLVD., SUITE 9
JACKSONVILLE BEACH FL 32250

Mailing Address
C/O JOHN W. SHEA
218 BEACH BLVD., SUITE 9
JACKSONVILLE BEACH FL 32250

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
475 COMMERCE LAKE DR.
Suite, Apt. #, etc.

3. Mailing Address
475 Commerce Lake Dr
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ST. AUGUSTINE, FLORIDA

Zip
32095

Country
USA

4. FEI Number 59-3394339

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SHEA, JOHN W
218 BEACH BLVD, SUITE 9
JACKSONVILLE BEACH FL 32250

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

9. Capital Contributions as Shown on record. \$485,000.00

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 #	P98000090078	STREET ADDRESS	475 COMMERCE LAKE DRIVE
NAME	AFFILIATED AMERICAN, INC.	CITY-ST-ZIP	ST. AUGUSTINE, FL. 32095
STREET ADDRESS	218 BEACH BLVD., SUITE 9	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	CITY-ST-ZIP	800004104078--5
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	-05/01/01--01115--017
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *John W. Shea* **REQUIRED** **4/16/01** **(904) 285-5169**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)