

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000620

1. Entity Name

NORTH ORANGE ESTATES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAR 29 PM 4: 52

Principal Place of Business

Mailing Address

~~1060 OREGON COURT~~

~~1060 OREGON COURT~~

~~SARASOTA FL 34236~~

~~SARASOTA FL 34236 3343~~



2. Principal Place of Business
1180 52nd Street

3. Mailing Address
1180 52nd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Sarasota, FL 34234

City & State
Sarasota, FL 34234

4. FEI Number NOT APPLICABLE

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

WARD, LONNIE

Name

Street Address (P.O. Box Number is Not Acceptable)

~~1060 OREGON COURT~~

1180 52nd St.

~~SARASOTA FL 34236~~

City

Sarasota

FL

Zip Code

34234

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.

\$1,000.00

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 # N95000004382
NAME NATIONAL COALITION FOR AFFORDABLE HOUSING
STREET ADDRESS ~~1060 OREGON COURT~~
CITY - ST - ZIP ~~SARASOTA FL 34236~~

STREET ADDRESS 1180 52nd Street
CITY - ST - ZIP Sarasota, FL 34234

DOCUMENT #
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600003189316--1
03/30/99 01006 013
****393.75 ****150.00

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STREET ADDRESS
CITY - ST - ZIP

3/24

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

941
3-29-00 360-8145