

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001077**

1. Entity Name

FUTUREVIEW, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR -4 PM 6: 36

Principal Place of Business
3372 CAPITAL CIRCLE, N.E.
TALLAHASSEE FL 32308

Mailing Address
3372 CAPITAL CIRCLE, N.E.
TALLAHASSEE FL 32308-3710



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3528450**

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

HARRIS, FRED F JR.,ESQ
101 EAST COLLEGE AVENUE
TALLAHASSEE FL 32301

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.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. Capital Contributions as Shown on record.

\$910,435.00

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 # **P97000097835**
NAME **TERRA VISTA, INC.**
STREET ADDRESS **3372 CAPITAL CIRCLE, N.E.**
CITY - ST - ZIP **TALLAHASSEE FL 32308**

STREET ADDRESS

CITY - ST - ZIP

000003213800--0

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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/30/00

Date

850-531-0066

Daytime Phone #

CR2E003 (9/99)