

# 2001 UNIFORM BUSINESS REPORT (UBR)

00125598 AF

**DOCUMENT # A98000001077**

1. Entity Name  
**FUTUREVIEW, LTD.**


Principal Place of Business <b>1700 SUMMIT LAKE DR. TALLAHASSEE FL 32311</b>	Mailing Address <b>1700 SUMMIT LAKE DR. TALLAHASSEE FL 32311</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

**FILED**

01 JUN 13 PM 12:16

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3528450</b>	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

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

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. <b>1,983,277.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>\$1,983,277</b>	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 # <b>P97000097835</b>	NAME <b>TERRA VISTA, INC.</b>	STREET ADDRESS <b>1700 Summit Lake Drive</b>	
STREET ADDRESS <b>3372 CAPITAL CIRCLE, N.E.</b>	CITY-ST-ZIP <b>TALLAHASSEE FL 32308</b>	CITY-ST-ZIP <b>Tallahassee, FL 32311</b>	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	<b>FF \$526.25</b>
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	<b>400004433184-7</b>
DOCUMENT #	NAME	STREET ADDRESS	<b>-06/20/01--01085--018</b>
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	<b>***526.25 ***526.25</b>
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME	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: *[Signature]* **4/30/01** **850-219-5000**

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

CR2E003 (11/00)