

2000 UNIFORM BUSINESS REPORT (UBR)

X01222 AF

DOCUMENT # **A98000001804**

1. Entity Name

COURTNEY LANDING LIMITED PARTNERSHIP

FILED

00 APR -6 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**250 INTERNATIONAL PARKWAY, SUITE 220
HEATHROW FL 32746**

Mailing Address
**250 INTERNATIONAL PARKWAY, SUITE 220
HEATHROW FL 32746-5006**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3523169

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OGIER, GERALD D
250 INTERNATIONAL PARKWAY, SUITE 220
HEATHROW FL 32746**

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.

\$4,590,000.00

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 #	P98000055217	STREET ADDRESS	
NAME	COURTNEY LANDING DEVELOPMENT, INC.	CITY - ST - ZIP	
STREET ADDRESS	250 INTERNATIONAL PARKWAY, SUITE 220		
CITY - ST - ZIP	HEATHROW FL 32746		
DOCUMENT #		STREET ADDRESS	000003217740--4
NAME		CITY - ST - ZIP	04/20/00-01114-002
STREET ADDRESS			*****526.25 *****526.25
CITY - ST - ZIP			
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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: *John A. Schaffer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/4/00 (407) 333-0066
Date Daytime Phone #

CR2E003 (9/99)