

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001811

1. Entity Name

Townhomes at Naranja, Ltd.

FILED

00 FEB 15 PM 3:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
450 Challenger Road  
Cape Canaveral, FL 32920

Mailing Address  
450 Challenger Road  
Cape Canaveral, FL 32920

2. Principal Place of Business  
5505 N. Atlantic Ave.

3. Mailing Address  
5505 N. Atlantic Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

115

115

City & State  
Cocoa Beach, FL

City & State  
Cocoa Beach, FL

4. FEI Number  
59-3523986

Applied For  
Not Applicable

Zip  
32931

Country  
USA

Zip  
32931

Country  
USA

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

Hartman, Michael  
450 Challenger Road  
Cape Canaveral, FL 32920

Name  
McPhillips, Jacqueline  
Street Address (P.O. Box Number is Not Acceptable)

5505 N. Atlantic Ave., #115

City  
Cocoa Beach

FL Zip Code  
32931

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

DATE

9. Capital Contributions  
as Shown on record.

500.00

10. Amount of Capital Contributions  
in FLORIDA to date.

500.00

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 # P95000087343  
NAME Heritage Partners Group XXVI, Inc.  
STREET ADDRESS 450 Challenger Road  
CITY-ST-ZIP Cape Canaveral, FL 32920

STREET ADDRESS 5505 N. Atlantic Ave., #115  
CITY-ST-ZIP Cocoa Beach, FL 32931

DOCUMENT # N98000000989  
NAME National Development Foundation, Inc.  
STREET ADDRESS 4250 Alfaya Trail #212330  
CITY-ST-ZIP Oviedo, FL 32765-9424

STREET ADDRESS  
CITY-ST-ZIP  
8000003152148--9  
-02/29/00--01088--007  
\*\*\*\*150.00 \*\*\*\*150.00

DOCUMENT #  
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STREET ADDRESS  
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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: x

Michael McPhillips  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2/9/00

321-744-4090

CR2E003 (9/99)