

# 2001 UNIFORM BUSINESS REPORT (UBR)

001967 AF

DOCUMENT # **A98000002350**

1. Entity Name

**GREENVILLE PARTNERSHIP, LTD.**

Principal Place of Business

**2851 REMINGTON GREEN CIRCLE, SUITE D  
TALLAHASSEE FL 32308**

Mailing Address

**2851 REMINGTON GREEN CIRCLE, SUITE D  
TALLAHASSEE FL 32308**

**FILED**

**01 APR 19 PM 12:25**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3538194**

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

**MITCHELL, JOSEPH D**

**2851 REMINGTON GREEN CIRCLE, SUITE D  
TALLAHASSEE FL 32308**

Name

**MICHAEL J. BITTMAN**

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

**301 E. PINE ST.**

**STE 1400**

City

**ORLANDO, FL**

**FL**

Zip Code

**32801**

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

*Michael J. Bittman*

**3/27/2001**

(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.

**\$7,000.00**

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 # **P98000086461**  
NAME **J. P. LAKE, INC.**  
STREET ADDRESS **2851 REMINGTON GREEN CIRCLE, SUITE D**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

STREET ADDRESS

CITY-ST-ZIP

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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:

*J. P. Lake, Inc. G.P.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**J. P. LAKE, INC. G.P.**

**4/16/01**

**855-386-2522**

Date

Daytime Phone #

CR2E003 (11/00)