

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002760**

1. Entity Name-

CROSSINGS AT CAPE CORAL II, LTD.

FILED

01 APR 27 PM 1:35

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**322 BANYAN BOULEVARD
WEST PALM BEACH FL 33401**

Mailing Address

**922 BANYAN BOULEVARD
WEST PALM BEACH FL 33401**

2. Principal Place of Business

3. Mailing Address

P.O. BOX 4961

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ORLANDO, FL

4. FEI Number

65-0882806

Applied For

Not Applicable

Zip

Country

Zip

Country

32802

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

**RYAN, PAULA J
322 BANYAN BOULEVARD
WEST PALM BEACH FL 33401**

Name

B+C CORPORATE SERVICES OF CENTRAL FLORIDA, INC.

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

390 N. ORANGE AVENUE

SUITE 1100

City

ORLANDO

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

3/27/01

DATE

9. Capital Contributions
as Shown on record.

\$1,000.00

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 # **P98000101453**
NAME **WHITE OAK CAPE CORAL, INC.**
STREET ADDRESS **322 BANYAN BOULEVARD**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **P98000101475**
NAME **CROSSING AT CAPE CORAL II, INC.**
STREET ADDRESS **215 S. MONROE STREET, SUITE 540**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

STREET ADDRESS

CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/11/01

Date

561-838-8886

Daytime Phone #

CR2E003 (11/00)