

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000497**

1. Entity Name

PEACHTREE LAND HOLDINGS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -3 PM 12:03



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**101 EAST MAHONEY STREET
PLANT CITY FL 33566**

Mailing Address

**101 EAST MAHONEY STREET
PLANT CITY FL 33566-3347**

2. Principal Place of Business

250 Southern Hill Dr

3. Mailing Address

P.O. Box 789

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DULUTH GA

City & State

PLANT CITY FL

4. FEI Number

58-2504568

Applied For

Not Applicable

Zip

30097

Country

USA

Zip

33564-0789

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

PLATT, RANDELL

101 EAST MAHONEY STREET

PLANT CITY FL 33566

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

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.

\$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

DOCUMENT # **F99000001503**
NAME **PEACHTREE MANAGEMENT CONSULTANTS, INC.**
STREET ADDRESS **250 SOUTHERN HILLS DRIVE**
CITY - ST - ZIP **DULUTH GA 30097**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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:

Signature of PEACHTREE MANAGEMENT CONSULTANTS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2/29/00 404. 307.5055

CR2E003 (9/99)