

2000 UNIFORM BUSINESS REPORT (UBR)

01 0018 AF

DOCUMENT # A99000000648

1. Entity Name
RENAISSANCE POINTE LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 17 AM 11:43

Principal Place of Business
**600 CLEVELAND STREET, SUITE 990
CLEARWATER FL 33755**

Mailing Address
**600 CLEVELAND STREET, SUITE 990
CLEARWATER FL 33755-4176**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 670

Suite 670

City & State

City & State

4. FEI Number

59-3572192

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**B&C CORPORATE SERVICES OF CENTRAL FLA., INC
390 NORTH ORANGE AVE., SUITE 1100
ORLANDO FL 32801**

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.

\$50.00

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 # **P99000016589**
NAME **RENAISSANCE POINTE GENERAL CORP.**
STREET ADDRESS **600 CLEVELAND STREET, SUITE 990**
CITY - ST - ZIP **CLEARWATER FL 33755**

STREET ADDRESS

CITY - ST - ZIP

100003239881--9
-05/04/00--01085--006
******141.25 ****141.25**

DOCUMENT #
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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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)