

# 2001 UNIFORM BUSINESS REPORT (UBR)

0010115 AF

**DOCUMENT #** A99000000648  
**1. Entity Name**  
 RENAISSANCE POINTE LIMITED PARTNERSHIP

FILED

**Principal Place of Business** 600 CLEVELAND STREET, SUITE 670 CLEARWATER FL 33755  
**Mailing Address** 600 CLEVELAND STREET, SUITE 670 CLEARWATER FL 33755

01 FEB 22 AM 10:05

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



**2. Principal Place of Business** Suite, Apt. #, etc. *Suite 460*  
**3. Mailing Address** Suite, Apt. #, etc. *Suite 460*  
 City & State  
 Zip Country

DO NOT WRITE IN THIS SPACE

**4. FEI Number** 59-3572192  
 Applied For Not Applicable  
**5. Certificate of Status Desired**  \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 B&C CORPORATE SERVICES OF CENTRAL FLA., INC  
 390 NORTH ORANGE AVE., SUITE 1100  
 ORLANDO FL 32801

**7. Name and Address of New Registered Agent**  
 Name *Elise K. Winters*  
 Street Address (P.O. Box Number is Not Acceptable) *600 Cleveland St.*  
*Suite 940*  
 City *Clearwater* FL Zip Code *33755*

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

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<i>Suite 460</i>
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<i>288883784102 0</i>
CITY-ST-ZIP	<i>-02/27/01--01152--010</i> <i>***141.25 ***141.25</i>
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)(l), 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:** *Suzanne Beaulieu* 1-19-01 727-449-8788  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)