

2002 UNIFORM BUSINESS REPORT (UBR)

0019246 AB

DOCUMENT # **A99000000792**

1. Entity Name

NORTH POINT LIMITED PARTNERSHIP NO. 3

FILED

02 APR 30 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**1025 GREENWOOD BLVD. SUITE 175
LAKE MARY FL 32746**

Mailing Address

**3950 SHACKLEFORD ROAD, STE. 300
DULUTH GA 30096**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

59-3578558

Applied For

Not Applicable

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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.

DATE

9. Capital Contributions
as Shown on record.

\$0.00

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 # **B99000000219**
NAME **DUKE-WEEKS REALTY LTD**
STREET ADDRESS **800 EAST 96TH STREET, STE. 100**
CITY-ST-ZIP **INDIANAPOLIS IN 46240** *Amendment*

STREET ADDRESS

CITY-ST-ZIP

900005271469--9

04/15/02 01032 015

******141.25 ****141.25**

DOCUMENT # **Duke Realty Limited Partnership**
NAME **3950 Shackleford Rd., Ste. 300**
STREET ADDRESS **Duluth, GA 30096**

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. **By Duke Realty Corporation,**
the general partner of Duke Realty Limited Partnership, general partner of
North Point Limited Partnership No. 3

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

John R. Gaskin, Sec. 4-10-02 770-717-3200

Date

Daytime Phone #

CR2E003 (9/01)