

2000 UNIFORM BUSINESS REPORT (UBR)

0001627 AF

DOCUMENT # A99000001006

1. Entity Name

TOWNE PLACE APARTMENTS - PHASE II, LTD.

FILED

00 MAR 14 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

359 CAROLINA AVENUE
WINTER PARK FL 32789

Mailing Address

359 CAROLINA AVENUE
WINTER PARK FL 32789-3173

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PUGH, JAMES H JR.
359 CAROLINA AVENUE
WINTER PARK FL 32789

Name

Grant T. Downing

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

Godbold, Downing, Sheahan & Bill, PA

222 West Comstock Ave., S# 101

City

Winter Park

FL

Zip Code

32789

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.

~~\$2,500,000.00~~
\$5,214,586.57

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 # 370124
NAME EPOCH PROPERTIES, INC.
STREET ADDRESS 359 CAROLINA AVENUE
CITY-ST-ZIP WINTER PARK FL 32789

STREET ADDRESS

CITY-ST-ZIP

FFB \$26.25

DOCUMENT # F9600000457
NAME LIC VENTURES INC.
STREET ADDRESS 1300 SOUTH MOPAC EXPWY.
CITY-ST-ZIP AUSTIN TX 78746

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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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

1/14/00

Daytime Phone #

CR2E003 (9/99)