

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 01, 2000 08:00 AM
Secretary of State

DOCUMENT # A99000001556

1. Entity Name
HOMESOURCE PARTNERS, LTD.

Principal Place of Business 1251 VIA ESTRELLA WINTER PARK FL 32789	Mailing Address 1251 VIA ESTRELLA WINTER PARK FL 32789
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2. Principal Place of Business 1251 VIA ESTRELLA Suite, Apt. #, etc.	3. Mailing Address 1251 VIA ESTRELLA Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State WINTER PARK FL	City & State WINTER PARK FL
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4. FEI Number 59-3593892	Applied For Not Applicable
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Zip 32789	Country US	Zip 32789	Country US
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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

HOMESOURCE FINANCIAL CORP.
1251 VIA ESTRELLA

WINTER PARK FL 32789

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 _____ DATE 05/01/2000
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions
as Shown on record. 2,000.00

10. Amount of Capital Contributions
in FLORIDA to date. 2,000.00

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 # NAME STREET ADDRESS CITY-ST-ZIP	HOMESOURCE FINANCIAL CORP. 1251 VIA ESTRELLA WINTER PARK FL 32789	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		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

SIGNATURE: BARRY B. BROOKS of HOMESOURCE FINANCIAL CORP.

PSD 05/01/2000