

2001 UNIFORM BUSINESS REPORT (UBR)

0000880 AF

DOCUMENT # **A99000001583**

1. Entity Name

SANTA FE POINTE II LTD.

FILED

01 APR 26 PM 3: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**5700 S.W. 34TH STREET, SUITE 1307
GAINESVILLE FL 32608**

Mailing Address

**5700 S.W. 34TH STREET, SUITE 1307
GAINESVILLE FL 32608**

2. Principal Place of Business

20725 S.W. 46th Ave.

Suite, Apt. #, etc.

3. Mailing Address

20725 S.W. 46th Ave.

Suite, Apt. #, etc.

City & State

Newberry, FL

City & State

Newberry, FL

4. FEI Number

62-1795195

Applied For

Not Applicable

Zip

32669

Country

USA

Zip

32669

Country

USA

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DAVIS, NORITA V
20721 S.W. 46TH AVENUE
NEWBERRY FL 32669**

7. Name and Address of New Registered Agent

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.

\$100.00

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 # **A95000000823**
NAME **DAVIS HERITAGE LTD.**
STREET ADDRESS **5700 S.W. 34TH STREET, SUITE 1307**
CITY-ST-ZIP **GAINESVILLE FL 32608**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

300004138483--2

05/07/01 01012 010

*****2205.00 ****150.00**

STREET ADDRESS

CITY-ST-ZIP

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)(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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/24/01

(352) 472-7773

CR2E003 (11/00)