

# 2002 UNIFORM BUSINESS REPORT (UBR)

0007486 AT

DOCUMENT # A99000001583

1. Entity Name

SANTA FE POINTE II LTD.

FILED

02 MAY -6 AM 8:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

20725 S.W. 46TH AVENUE  
NEWBERRY FL 32669

Mailing Address

20725 S.W. 46TH AVENUE  
NEWBERRY FL 32669

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

62-1795195

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

DAVIS, NORITA V

20721 S.W. 46TH AVENUE

NEWBERRY FL 32669

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.

\$100.00

10. Amount of Capital Contributions  
in FLORIDA to date.

100.00

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

STREET ADDRESS 20725 SW 46th Ave  
CITY-ST-ZIP Newberry FL 32669

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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 and Typed or Printed Name of Signing General Partner: Stefan M. Davis 4/30/02 (352) 472-7773

Date

Daytime Phone #

CP2E003 (9/01)