

2001 UNIFORM BUSINESS REPORT (UBR)

0010108 AF

DOCUMENT # **A99000001700**

1. Entity Name

QUALITY HOUSING PARTNERS NO. 15 LIMITED PARTNERS

Principal Place of Business

**600 CLEVELAND STREET
STE 670
CLEARWATER FL 33755**

Mailing Address

**600 CLEVELAND STREET
STE 670
CLEARWATER FL 33755**

FILED

01 FEB 26 AM 11:44

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 460

Suite, Apt. #, etc.

Suite 460

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

593645005

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**B&C CORPORATE SERVICES OF CENTRAL FLORIDA
390 NORTH ORANGE AVE., STE 1100
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name

Elise K. Winters

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

**600 Cleveland St
Suite 940**

City

Clearwater

FL

Zip Code

33755

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 fee if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$50,000.00

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 # **P99000091250**
NAME **QUALITY HOUSING PARTNERS NO. 15 GENERAL CO**
STREET ADDRESS **600 CLEVELAND ST., SUITE 990**
CITY-ST-ZIP **CLEARWATER FL 33755**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

Suite 460

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

727-449-8788

CR2E003 (11/00)