

# 2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **A99000001707**

1. Entity Name  
**PIRATES COVE II OF GREENVILLE LTD.**

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**

**FILED**  
**01 FEB 16 AM 9:34**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

150  
*[Handwritten signature]*

2. Principal Place of Business  
**20721 SW 46 Ave**

3. Mailing Address  
**20721 SW 46 Ave.**

City & State  
**Newberry, FL**

City & State  
**Newberry, FL**

Zip  
**32669**

Country  
**USA**

Zip  
**32669**

Country  
**USA**

4. FEI Number **62-1802043**

Applied For  
☐ Not Applicable

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 \_\_\_\_\_ (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 #	<b>A95000000823</b>
NAME	<b>DAVIS HERITAGE LTD.</b>
STREET ADDRESS	<b>5700 S.W. 34TH STREET, SUITE 1307</b>
CITY-ST-ZIP	<b>GAINESVILLE FL 32608</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**788003745787-9**  
**-02/21/01--01093--020**  
**\*\*\*\*150.00 \*\*\*\*150.00**

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: *[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
**HONNIE C. DAVIS, Pres. of Davis**

Date **2/17/01** Daytime Phone # **(352) 472-3952**

CR2E003 (11/00)