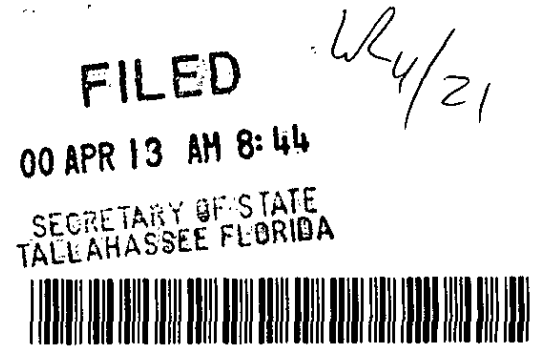


# 2000 UNIFORM BUSINESS REPORT (UBR)

0001231 AF

**DOCUMENT # A99000001736**

1. Entity Name  
**COURTNEY PARK LIMITED PARTNERSHIP**



Principal Place of Business  
**250 INTERNATIONAL PARKWAY, SUITE 220**  
**HEATHROW FL 32746**

Mailing Address  
**250 INTERNATIONAL PARKWAY, SUITE 220**  
**HEATHROW FL 32746-5006**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **59-3607178** Applied For ☐ Not Applicable ☒

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	
<b>SCHAFFER, JOHN A</b> <b>250 INTERNATIONAL PARKWAY, SUITE 220</b> <b>HEATHROW FL 32746</b>		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. **\$3,615,000.00**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P990000065458	STREET ADDRESS	
NAME	COURTNEY PARK DEVELOPMENT, INC.	CITY - ST - ZIP	
STREET ADDRESS	250 INTERNATIONAL PARKWAY, SUITE 220		
CITY - ST - ZIP	HEATHROW FL 32746		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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NAME		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:** *John A Schaffer* **John A Schaffer** **4/4/00** **(407) 333-0066**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #