

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001828**

1. Entity Name

**WILLIAMS POINTE LIMITED PARTNERSHIP**

Principal Place of Business

**11030 NORTH KENDALL DRIVE, SUITE 200  
MIAMI FL 33176**

Mailing Address

**11030 NORTH KENDALL DRIVE, SUITE 200  
MIAMI FL 33176**

**FILED**

**01 JUL -2 AM 8:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

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

**43-1868267**

**APPLIED FOR**

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

**FIELD, SYBIL C**

**11030 NORTH KENDALL DRIVE, SUITE 200**

**MIAMI FL 33176**

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]*

Signature, typed & printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

**\$1,000.00**

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 # **P93000070027**  
NAME **DEERWOOD PLACE CORPORATION**  
STREET ADDRESS **11030 NORTH KENDALL DRIVE, SUITE 200**  
CITY-ST-ZIP **MIAMI FL 33176**

STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS **300004488523--1**  
CITY-ST-ZIP **07/20/01-01113-009  
\*\*\*\*141.25 \*\*\*\*141.25**

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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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4-26-01**

Date

**314-989-9600**

Daytime Phone #

0006796 AF

CRZE003 (11/00)