

2000 UNIFORM BUSINESS REPORT (UBR)

0001275 AF

DOCUMENT # **A99000002046**

1. Entity Name
BROCKINGTON/RENN, L.P.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 23 PM 11:02

Principal Place of Business
**211 SHORE RD.
WINTER SPRINGS FL 38708**

Mailing Address
**211 SHORE RD.
WINTER SPRINGS FL 38708**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FFI Number **APPLIED** ☒ 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

**RENN, VEIT U
211 SHORE RD
WINTER SPRINGS FL 32708**

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. **\$100,000.00** 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 #	NAME	STREET ADDRESS	
NAME	RENN, VEIT U	CITY-ST-ZIP	
STREET ADDRESS	211 SHORE RD		
CITY-ST-ZIP	WINTER SPRINGS FL		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	BRICKINGTON/RENN, JANICE	CITY-ST-ZIP	
STREET ADDRESS	211 SHORE RD		
CITY-ST-ZIP	WINTER SPRINGS FL		
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CITY-ST-ZIP			

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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 REQUIRED** **9-20-00** Date Daytime Phone #

CP2E003 (5/00)