

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B00000000182

1. Entity Name

FORT CLARKE II LIMITED PARTNERSHIP

FILED

01 AUG 27 PM 12:17

Principal Place of Business

201 N NEW YORK AVE
SUITE 200
WINTER PARK FL 32789

Mailing Address

201 N NEW YORK AVE
SUITE 200
WINTER PARK FL 32789

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

\$526.25

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

75-2884036

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301-2525

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions

as Shown on record. \$850,000.00

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 # B00000000181
NAME TCR FORT CLARKE II LIMITED PARTNERSHIP
STREET ADDRESS 201 N NEW YORK AVE #200
CITY-ST-ZIP WINTER PARK FL 32789

STREET ADDRESS
CITY-ST-ZIP

300004566103--7

-08/31/01--01062--010

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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: TCR Fort Clarke II LP
by TCR Fort Clarke II LP, J. C. Brownell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)

