

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B93000000031

1. Entity Name

LEHIGH ACRES TOWN CENTER ASSOCIATES, L.P., LTD.

Principal Place of Business

7 PIEDMONT CENTER  
3525 PIEDMONT ROAD, N.E., SUITE 150  
ATLANTA GA 30305

Mailing Address

7 PIEDMONT CENTER  
3525 PIEDMONT ROAD, N.E., SUITE 150  
ATLANTA GA 30305

2. Principal Place of Business

Same  
Suite, Apt. #, etc.

3. Mailing Address

Same  
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2031369

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHEU, WILLIAM E ESQ.  
200 WEST FORSYTH STRET, SUITE 1600  
JACKSONVILLE FL 32201

7. Name and Address of New Registered Agent

Name

Same  
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.

\$400.00

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 #

NAME

STREET ADDRESS

CITY-ST-ZIP

GIPSON, JOHN H  
7 PIEDMONT CENTER, SUITE 150  
ATLANTA GA 30305

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

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CITY-ST-ZIP

DOCUMENT #

NAME

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 H. Gipson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

10/13/00

Date

404-231-1621

Daytime Phone #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 19 PM 11:02



DO NOT WRITE IN THIS SPACE

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