

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **B93000000412**

1. Entity Name
FCD-FLEMING ISLAND LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 20 PM 12:45

Principal Place of Business
**121 W. TRADE ST. SUITE 2550
CHARLOTTE NC 28202**

Mailing Address
**121 W. TRADE ST. SUITE 2550
CHARLOTTE NC 28202-1160**



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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **56-1860155**
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$60.00** 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 CITY - ST - ZIP	F92000000164 FAISON CAPITAL DEVELOPMENT, INC. 121 WEST TRADE ST., 1900 INTERSTATE TOWER CHARLOTTE NC 28202-5399	STREET ADDRESS CITY - ST - ZIP	STE 2550
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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.

N. FAISON-CAPITAL DEVELOPMENT, INC., GENERAL PARTNER
SIGNATURE **BY: SIGNATURE REQUIRED** **Diane K. Hunter** **3-8-00** **104-972-2500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **ASSISTANT SECRETARY** Date Daytime Phone #

CR2E003 (9/99)