

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B93000000547

1. Entity Name
ARVIDA GRAND BAY LIMITED PARTNERSHIP-VI

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 19 AM 11:43

Principal Place of Business
**900 NORTH MICHIGAN AVE.
SUITE 1900
CHICAGO IL 60611**

Mailing Address
**900 NORTH MICHIGAN AVE., SUITE 2000
CHICAGO IL 60611-6519**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Zip Country

City & State
Zip Country

4. FEI Number **65-0462243**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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. **\$211,676.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$204,366.00**

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 | F93000001381 ARVIDA GRAND BAY MANAGERS, INC. 900 N. MICHIGAN AVE., SUITE 2000 CHICAGO IL 60611 | STREET ADDRESS CITY - ST - ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | | STREET ADDRESS CITY - ST - ZIP | 100003245231--9 -05/09/00--01110--016 ****526.25 ****526.25 |
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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: *Karon O'Mahoney* **REQUIRE M. O'Mahoney, Asst. Secretary 04/14/00 (312) 915-1969**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)