

# 2001 UNIFORM BUSINESS REPORT (UBR)

0016034 AF

DOCUMENT # B96000000381

1. Entity Name

HIGHWOODS/FLORIDA HOLDINGS, L.P.

Principal Place of Business

G/O THE CORPORATION TRUST COMPANY  
1209 ORANGE STREET  
WILMINGTON DE 19801

Mailing Address

3100 SMOKETREE COURT, SUITE 600  
RALEIGH NC 27604

FILED  
01 FEB 13 PM 12:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3100 SMOKETREE COURT

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 600

CITY & STATE  
RALEIGH, NC

CITY & STATE

Zip

Country

Zip

Country

27604

USA

4. FEI Number

56-1993389

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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.

\$9,900.00

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 # F96000004961  
NAME HIGHWOODS/FLORIDA GP CORP.  
STREET ADDRESS 3100 SMOKETREE COURT, SUITE 600  
CITY-ST-ZIP RALEIGH NC 27604

STREET ADDRESS

CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

MAC K. S. PRIDGEN III

Date

Daytime Phone #

2/1/01

919-872-4924

CR2E003 (11/00)