

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B97000000197

1. Entity Name

NORTHLAND PLANTATION CLUB PORTFOLIO LIMITED PART
NERSHIP

Principal Place of Business

Mailing Address

2150 WASHINGTON STREET
NEWTON MA 02462

2150 WASHINGTON STREET
NEWTON MA 02462

FILED

02 MAR 18 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

04-3364202

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

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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.

DATE

9. Capital Contributions
as Shown on record.

\$1,650,000.00

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 # B97000000196
NAME NORTHLAND PLANTATION CLUB PARTNERS L.P.
STREET ADDRESS 2150 WASHINGTON STREET
CITY-ST-ZIP NEWTON MA 02462

STREET ADDRESS

700005171847--9

CITY-ST-ZIP

03/27/02 01040 025
*****667.50 *****526.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

03/27/02 01040 025
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STREET ADDRESS
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STREET ADDRESS

CITY-ST-ZIP

900005171859--2

03/27/02 01048--025
*****667.50 *****141.25

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CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-12-02

Date

617-630-7251

Daytime Phone #

CP2E003 (9/01)

0017543 AT

STAPLE CHECK HERE