

2001 UNIFORM BUSINESS REPORT (UBR)

0016153 AF

DOCUMENT # B97000000700

1. Entity Name

FORT AUSTIN LIMITED PARTNERSHIP

FILED

01 MAR -6 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

111 WESTWOOD PLACE, SUITE 402
BRENTWOOD TN 37027

Mailing Address

111 WESTWOOD PLACE, SUITE 402
BRENTWOOD TN 37027

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Same

City & State

Same

Zip

Same

Country

Zip

Same

Country

4. FEI Number

62-1607778

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

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$2,000,000.00

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 # F97000006786
NAME ARC FORT AUSTIN PROPERTIES, INC.
STREET ADDRESS 111 WESTWOOD PLACE, SUITE 402
CITY-ST-ZIP BRENTWOOD TN 37027

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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 AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-08-01

Date

6522,2260

Daytime Phone #

CR2E003 (11/00)