

2002 UNIFORM BUSINESS REPORT (UBR)

0005440 AT

DOCUMENT # B98000000117

1. Entity Name

HSI CASSELBERRY, LP

FILED

02 JUN 14 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

% DAVIS, MATTHEWS & QUIGLEY
3400 PEACHTREE ROAD, SUITE 1400
ATLANTA GA 30326

Mailing Address

4320 ROSWELL ROAD, N.E.
ATLANTA GA 30342

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

NOT APPLICABLE

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

WILDER, JAMES A
MCCAIN & COMPANY
SUITE 245, 151 SOUTH HALL LANE
MAITLAND FL 32751

Name

Street Address (P.O. Box Number is Not Acceptable)

FL

Zip Code

8. The above named entity submits this statement for _____ registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and

DATE

9. Capital Contributions
as Shown on record.

\$7,500.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS
NOTE: General Partners MAY NOT

AND ACTIVE WITH THIS OFFICE.
be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

ADDRESS CHANGES ONLY

DOCUMENT # M97000000826
NAME SOUTHERN PROPERTY INVESTORS, LLC
STREET ADDRESS 4320 ROSWELL ROAD, N.E.
CITY-ST-ZIP ATLANTA GA 30342

DOCUMENT #
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CITY-ST-ZIP

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*****50.00 *****50.00

100005825761--8

-06/19/02--01006--002

*****91.25 *****91.25

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)