

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B98000000546**

1. Entity Name

FORT CLARKE LIMITED PARTNERSHIP

Principal Place of Business

Mailing Address

**201 N. NEW YORK AVE., SUITE 200
WINTER PARK FL 32789**

**201 N. NEW YORK AVE., SUITE 200
WINTER PARK FL 32789**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

75-2779597

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DUE BY MAY 1, 2002

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.

\$3,300,000.00

10. Amount of Capital Contributions in FLORIDA to date.

\$3,300,000.00

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 # **B98000000545**
NAME **TCR FORT CLARKE LIMITED PARTNERSHIP**
STREET ADDRESS **201 N. NEW YORK AVE., SUITE 200**
CITY-ST-ZIP **WINTER PARK FL 32789**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

600005108616-7
~~03/14/02 01065-829~~
*****526.25 ***526.25**

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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:

TCR Fort Clarke LP
TCR Fort I, Inc
Jan C. Bravich AS **2/20/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Drop # 737
FILED
\$ 526.25
02 MAR 11 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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CP2E003 (9/01)

STAPLE CHECK HERE