

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B99000000320

1. Entity Name

C.F. FOUNTAIN SQUARE G.P., LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 25 AM 11:02

Principal Place of Business

3200 SOUTH FIRST STREET
AUSTIN TX 78704

Mailing Address

57 WELLS AVENUE
NEWTON MA 02459

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

04-3481754

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WESLEY, SANDY
333 LAURINA STREET
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name TAMMY L BURGETT

Street Address (P.O. Box Number is Not Acceptable)
13832 PANTHER RD

City JACKSONVILLE

FL

Zip Code 32220

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.

Tammy L. Burgett, Property Director

8-15-00

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$350,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$350,000.00

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 # F99000004448
NAME CHARLESTON PARTNERS, INC.
STREET ADDRESS 57 WELLS AVE.
CITY-ST-ZIP NEWTON MA 02459

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CP2E003 (5/00)