

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B99000000321**

1. Entity Name

C.F. FOUNTAIN SQUARE ASSOCIATES LIMITED PARTNERS

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

4. FEI Number

04-3480740

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

**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]

Tammy L. Burgett, Property Director

8-15-00

(Signature, typed or printed name of registered agent and true if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record:

\$1,350,000.00

10. Amount of Capital Contributions
in FLORIDA to date:

1,350,000.00

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

DOCUMENT # **B99000000320**
NAME **C.F. FOUNTAIN SQUARE G.P., LTD.**
STREET ADDRESS **57 WELLS AVENUE**
CITY-ST-ZIP **NEWTON MA 02459**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (5/00)