

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

B99000000445

1. Entity Name

BVT CAPITAL PARTNERS XX, LIMITED PARTNERSHIP

Principal Place of Business

Mailing Address

3350 RIVERWOOD PKWY  
SUITE 1500  
Atlanta GA 30339

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

58-2506812

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

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324

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.

2

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 # F9800004283  
NAME BVT DEVELOPMENT CORP, Suite 2  
STREET ADDRESS 3350 RIVERWOOD PKWY, 1500  
CITY-ST-ZIP Atlanta GA 30339

STREET ADDRESS  
CITY-ST-ZIP 300003217122-5

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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:

Melanie Bruntz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3.29.00 770-618-3502

Date

Daytime Phone #

FILED

00 APR -6 AM 11:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA