

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A05582**

1. Entity Name

USEPPA INN AND DOCK COMPANY, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 APR 21 AM 3:05

Principal Place of Business

P.O. BOX 640
BOKEELIA FL 33922

Mailing Address

P.O. BOX 640
BOKEELIA FL 33922-0640



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1740604**

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

BATSEL, C. GUY
SUITE 104, MANOR POINTE PROF. BLDG.
1861 PLACIDA ROAD
ENGLEWOOD FL

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.

\$1,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 #
NAME
STREET ADDRESS
CITY - ST - ZIP
**BECKSTEAD, GARFIELD
7092 PLACIDA ROAD
CAPEHAZE FL**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**S00144
USEPPA INN & DOCK CO. INC
7092 PLACIDA RD.
CAPEHAZE FL**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
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STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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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:

GARFIELD R. BECKSTEAD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

BECKSTEAD

4/15/00 941/283-1061

Daytime Phone #

CR2E003 (9/99)