

# 2001 UNIFORM BUSINESS REPORT (UBR)

0010751 AF

**DOCUMENT # A25217**  
 1. Entity Name  
**LE PARC OF NAPLES, LTD.**

**FILED**

Principal Place of Business      Mailing Address  
**4200 GULF SHORE BOULEVARD NORTH**      **4200 GULF SHORE BOULEVARD NORTH**  
**NAPLES FL 34103**      **NAPLES FL 34103**

01 APR 20 PM 12:09

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



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      Applied For  
**65-0009805**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**LUTGERT, SCOTT F**  
**4200 GULF SHORE BLVD.N.**  
**NAPLES FL 33940**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

9. Capital Contributions as Shown on record.      **\$6,000,000.00**      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	
DOCUMENT #	<b>J93608</b>
NAME	<b>LE PARC DEVELOPERS OF NAPLES, INC.</b>
STREET ADDRESS	<b>4200 GULF SHORE BLVD. N.</b>
CITY-ST-ZIP	<b>NAPLES FL</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	<b>900004137039--7</b>
	<b>-05/04/01--01090--014</b>
	<b>****526.25 ****526.25</b>
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:** **HOWARD B. GUTMAN**  
 VICE PRESIDENT (OF) GENERAL PARTNERSHIP      **4/18/01**      (941) 261-6100  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

CR2E003 (11/00)