

# 2000 UNIFORM BUSINESS REPORT (UBR)

001117 J1

DOCUMENT # **A30131**

1. Entity Name  
**S.W. OF FORT MYERS LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
**00 MAR -3 PM 6:28**

Principal Place of Business <b>13488 POND APPLE DRIVE WEST NAPLES FL 34119</b>	Mailing Address <b>13488 POND APPLE DRIVE WEST NAPLES FL 34119-9558</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0195707</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>DESIMONE, P. GERALD 13488 POND APPLE DRIVE WEST NAPLES FL 34119</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				<b>FL</b>		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. <b>\$359,200.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>8,000.00</b>	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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	
	<b>DESIMONE, P. GERALD</b>		<b>500003173385--5</b>
STREET ADDRESS	<b>13488 POND APPLE DRIVE WEST</b>	CITY - ST - ZIP	<b>-03/17/00 --01003 --005</b>
CITY - ST - ZIP	<b>NAPLES FL 33999</b>		<b>****144.75 ****144.75</b>
DOCUMENT #	NAME	STREET ADDRESS	
			<b>AK</b>
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS			
CITY - ST - ZIP			

*AK - 56.00*  
*AK SUPP 88.75*  
*144.75*

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: **P. Gerald De Simone** *2/28/2000* 941-591-8765  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)