

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A94000001133**  
 1. Entity Name  
**SANIBEL LAND COMPANY, LTD.**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 00 MAY -1 AM 10:33

Principal Place of Business 12800 UNIVERSITY DR., SUITE 260 FT. MYERS FL 33907	Mailing Address 12800 UNIVERSITY DR., SUITE 260 FT. MYERS FL 33907-5335
--	---



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0513385</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**PAVELKA, RAYMOND A**  
 12800 UNIVERSITY DR., SUITE 260  
 FT. MYERS FL 33907

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. <b>\$930,000.00</b>	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 #	P9300084962	STREET ADDRESS	
NAME	MARINER PROPERTIES DEVELOPMENT, INC.	CITY - ST - ZIP	<b>SUITE # 260</b>
STREET ADDRESS	12800 UNIVERSITY DR., SUITE 350		
CITY - ST - ZIP	FT. MYERS FL 33907		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			<b>000003284220--5</b>
CITY - ST - ZIP			<b>-06/12/00--01018--005</b>
DOCUMENT #		STREET ADDRESS	<b>***\$35.00 ***\$35.00</b>
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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 20, Florida Statutes

SIGNATURE: *[Signature]* **PRESIDENT** Date **7/28/00** Daytime Phone # **941-481-2011 (103)**

CR2E003 9/99