

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0014595
AT

DOCUMENT # **A94000001133**

1. Entity Name
SANIBEL LAND COMPANY, LTD.

02 APR 10 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 12800 UNIVERSITY DR., SUITE 260 FT. MYERS FL 33907	Mailing Address 12800 UNIVERSITY DR., SUITE 260 FT. MYERS FL 33907
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2. Principal Place of Business 13451 McGregor Blvd	3. Mailing Address 13451 McGregor Blvd
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Suite, Apt. #, etc. Suite 31	Suite, Apt. #, etc. Suite 31
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DUE BY MAY 1, 2002

City & State	City & State
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4. FEI Number 65-0513385	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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Zip 33919	Country	Zip 33919	Country
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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

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

Name
Street Address (P.O. Box Number is Not Acceptable) 13451 McGregor Blvd, Suite 31
City FL Zip Code 33919

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

9. Capital Contributions as Shown on record. \$930,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # P93000084962	MARINER PROPERTIES DEVELOPMENT, INC. 12800 UNIVERSITY DR., SUITE 260 FT. MYERS FL 33907	STREET ADDRESS 13451 McGregor Blvd, Suite 31	
NAME		CITY-ST-ZIP Fort Myers, FL 33919	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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 620, Florida Statutes

SIGNATURE: **SIGNATURE REQUIRED** **4/8/02** **239-481-2011 (103)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)