

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002217**

1. Entity Name

**MID-CAPE, LTD.**

**FILED**

**00 MAR 27 PM 11:32**

SECRETARY OF STATE



Principal Place of Business: C/O LEVAN ASSET MANAGEMENT CORP. 2159 ANDREA LANE, D-4 FT. MYERS FL 33912  
 Mailing Address: C/O LEVAN ASSET MANAGEMENT CORP. 2159 ANDREA LANE, D-4 FT. MYERS FL 33912-1927

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0788266** Applied For Not Applicable

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

**LEVAN, TERRIS T**  
**2159 ANDREA LANE, UNIT D-4**  
**FT. MYERS FL 33912**

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. **\$158,400.00** 10. Amount of Capital Contributions in FLORIDA to date. **\$158,400.00** 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
P97000087646	K-L ENTERPRISES OF SOUTH FLORIDA, INC.	2159 ANDREA LANE, UNIT D-4	FT. MYERS FL 33912

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** *LEVAN, Terris T. Pres. K-L Enterprises* **3/20/00** **941-482-4580**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **OF SOUTH FLORIDA, INC.** Date **GENERAL PARTNER** Daytime Phone #

CR2E003 (9/99)