

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002386**

1. Entity Name
SECTION 20 LAND GROUP, LTD.

FILED
00 JUN -2 PM 4: 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
4099 TAMiami TRAIL NORTH, SUITE 305
NAPLES FL 34103

Mailing Address
4099 TAMiami TRAIL NORTH, SUITE 305
NAPLES FL 34103-3548

2. Principal Place of Business
11330 TWINEAGLES BLVD.

3. Mailing Address
11330 TWINEAGLES BLVD

Suite, Apt. #, etc.

City & State
NAPLES FL.

Zip
34120

Country

4. FEI Number
59-3537980

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CLASP INC.
C/O CUMMINGS & LOCKWOOD
3001 TAMiami TRAIL NORTH, 4TH FLOOR
NAPLES FL 34103

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. **\$1,000.00**

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 # **A9700001029**
NAME **TWINEAGLES MANAGEMENT, LTD.**
STREET ADDRESS **4099 TAMiami TRAIL NORTH, SUITE 305**
CITY - ST - ZIP **NAPLES FL 34103**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **11330 TWINEAGLES BLVD**
CITY - ST - ZIP **NAPLES FL 34120**

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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

TWINEAGLES MANAGEMENT, LTD
SIGNATURE: BY SIGNATURE REQUIRED PRESIDENT OF TWINEAGLES DEVELOPMENT, INC. ITS
4/27/00 GENERAL PARTNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER _____ Date _____ Daytime Phone # _____

CR2E(03 19 9 0)