

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000716** *8241-3/Shayne*

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -1 PM 1:33

1. Entity Name
WOODMERE ASSOCIATES, LTD.

Principal Place of Business
**240 SOUTH PINEAPPLE AVE., 10TH FLOOR
SARASOTA FL 34236**

Mailing Address
**240 SOUTH PINEAPPLE AVE., 10TH FLOOR
SARASOTA FL 34236-6717**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 49948
Suite, Apt. #, etc.

City & State
Sarasota, Florida

4. FEI Number **65-0917340**
Applied For
Not Applicable

Zip **34230-6948** Country **USA**

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

6. Name and Address of Current Registered Agent
**KNOWLES, CHARLES
1329 SOUTH LAKESHORE DRIVE
SARASOTA FL 34242**

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. **\$10,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$10,000,000.00**

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	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P99000039798 WOODMERE DEVELOPMENT, INC. 240 SOUTH PINEAPPLE AVE., 10TH FLOOR SARASOTA FL 34236
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	700003283287--8
STREET ADDRESS	-06709/00--01091--013
CITY - ST - ZIP	****526.25 ****526.25
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
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 627, Florida Statutes.

SIGNATURE: **SIGNATURE REQUIRED**
David S. Band
Date: **4/19/00** (941) 366-6660
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
David S. Band, Director, Woodmere Development, Inc., general partner

FILED