

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0015422
AT

DOCUMENT # **A99000000716**

1. Entity Name

WOODMERE ASSOCIATES, LTD.

#8241-1

02 APR 29 PM 4:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**240 SOUTH PINEAPPLE AVE., 10TH FLOOR
SARASOTA FL 34236**

Mailing Address

**P.O. BOX 49948
SARASOTA FL 34230-6948**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

65-0917340

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**KNOWLES, CHARLES
4034 ROBERTS POINT RD.
SARASOTA FL 34242**

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

Signature, typed or printed name of registered agent and title if applicable

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P99000039798**
NAME **WOODMERE DEVELOPMENT, INC.**
STREET ADDRESS **240 SOUTH PINEAPPLE AVE., 10TH FLOOR**
CITY-ST-ZIP **SARASOTA FL 34236**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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

SIGNATURE: *David S. Band* **David S. Band, Director of Woodmere Development, Inc.,**
Florida corp **4/12/02** **(941) 366-6660**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER General Partner Date Davime Phone #

CR2E003 (9/01)