

2002 UNIFORM BUSINESS REPORT (UBR)

00130 3 AI

DOCUMENT # **A29906**

1. Entity Name

GASPARILLA PARTNERS OF BOCA GRANDE, LTD.

FILED

02 MAR 15 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

1861 PLACIDA ROAD, SUITE 204
ENGLEWOOD FL 34223

Mailing Address

1861 PLACIDA ROAD, SUITE 204
ENGLEWOOD FL 34223

2. Principal Place of Business

333 Park Ave

3. Mailing Address

POB 1466

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Boca Grande IA

City & State

Boca Grande

Zip

Country

33421

Lee

Zip

Country

33421

Lee

DUE BY MAY 1, 2002

4. FEI Number

65-0188964

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BATSEL, C. GUY
1861 PLACIDA ROAD, SUITE 204
ENGLEWOOD FL 34223

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

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

DATE

9. Capital Contributions as Shown on record.

\$300,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
L47780	GASPARILLA SMA, INC.	P.O. BOX 1010	BOCA GRANDE FL

STREET ADDRESS	CITY-ST-ZIP

100005146441-9
-03/22/02--01048--022
****526.25 ****526.25

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:

[Handwritten Signature]

TERESA SEITZ

02-08-02

941-964-0585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)