

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000641

1. Entity Name
ONE PUTT ASSOCIATES, LTD.



Principal Place of Business
1525 FOURTH STREET, SUITE-D
SARASOTA FL 34236

Mailing Address
1525 FOURTH STREET, SUITE-D
SARASOTA FL 34236

APPROVED
AND
FILED
03 FEB 21 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
1345 MAIN ST

3. Mailing Address
1345 MAIN ST

(Suite) Apt. #, etc.
C-2

(Suite) Apt. #, etc.
C-2

City & State
SARASOTA FL

City & State
SARASOTA FL

DUE BY MAY 1, 2003

4. FEI Number 65-1017568

Applied For
Not Applicable

Zip Country
34236 USA

Zip Country
34236 USA

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

MORAN, JOHN A ESQ.
22 SOUTH LINKS AVE., SUITE 309
SARASOTA FL 34236

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. I am familiar with, and accept the obligations of registered agent.

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

DATE

9. Capital Contributions as Shown on record. \$19,200.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # P00000037394
NAME TWO PUTT, INC.
STREET ADDRESS 1525 FOURTH STREET, SUITE-D
CITY-ST-ZIP SARASOTA FL 34236

STREET ADDRESS 1345 MAIN ST SUITE C-2

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED STEPHEN W. DARE 1/27/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)