

2001 UNIFORM BUSINESS REPORT (UBR)

0010897 AF

DOCUMENT # **A00000000973**

1. Entity Name
MARSHALL VENTURES, LTD.

zf
FILED

01 MAR 27 AM 7:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**C/O MARSHALL VENTURES, INC.
6001 PELICAN BAY BLVD., GROSVENOR, PH-B
NAPLES FL 34108-8166**

Mailing Address
**C/O MARSHALL VENTURES, INC.
6001 PELICAN BAY BLVD., GROSVENOR, PH-B
NAPLES FL 34108-8166**

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

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

4. FEI Number
59-3554639

Applied For
Not Applicable

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

**LAW, LESTER B ESQ.
C/P MYERS KRAUSE & STEVENS, CHARTERED
5811 PELICAN BAY BLVD.
NAPLES FL 34108**

Name
NEUHARTH, GAIL K.

Street Address (P.O. Box Number is Not Acceptable)
C/O MYERS KRAUSE & STEVENS, CHARTERED

5811 PELICAN BAY BLVD., SUITE 600

City **NAPLES,** FL Zip Code **34108**

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 *Gail K. Neuharth*, *GAIL K. NEUHARTH, ESQ.* *1/31/01*
Signature, typed or printed name of registered agent and title if applicable. (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. **0**

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 # **P0000058281**
NAME **MARSHALL VENTURES, INC.**
STREET ADDRESS **6001 PELICAN BAY BLVD., GROSVENOR, PH-B**
CITY-ST-ZIP **NAPLES FL 34108-8166**

STREET ADDRESS

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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: *Charles Marshall* *1/19/01* *(941) 597-3054*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #
Charles Marshall, President, Marshall Ventures, Inc., General Partner

CR2E003 (11/00)