

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 APR -5 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

001-3-3 AI

DOCUMENT # A00000001239

1. Entity Name

FLORIDA BAY AT TRACT 20 LIMITED PARTNERSHIP

Principal Place of Business

3200 BAILEY LANE, SUITE 117
NAPLES FL 34105

Mailing Address

3200 BAILEY LANE, SUITE 117
NAPLES FL 34105

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

59-3664608

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

FLORIDA BAY PARTNERS, INC.
3200 BAILEY LANE, SUITE 117
NAPLES FL 34105

Name

John Passidomo

Street Address (P.O. Box Number is Not Acceptable)

821 5th Ave., S. #201

City

Naples

FL

Zip Code

34102

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.

\$1,677,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

1,677,000

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 # P98000093696
NAME FLORIDA BAY PARTNERS, INC.
STREET ADDRESS 3200 BAILEY LANE, SUITE 117
CITY-ST-ZIP NAPLES FL 34105

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/1/02

Date

Daytime Phone #

CR2E003 (9/01)