

# 2002 UNIFORM BUSINESS REPORT (UBR)

0002145 AB

DOCUMENT # A00000001327

1. Entity Name

BOTTALLA LIMITED PARTNERSHIP

FILED

02 AUG 22 AM 11:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

~~1101 AZTEC COURT~~

~~1101 AZTEC COURT~~

MARCO ISLAND FL 34145

MARCO ISLAND FL 34145

2. Principal Place of Business

3. Mailing Address

C/O GOODMAN & BREEN

C/O GOODMAN & BREEN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3838 TAMiami TR. N. STE 300

3838 TAMiami TR. N. STE 300

DUE BY SEPTEMBER 25, 2002

City & State

City & State

NAPLES, FL

NAPLES, FL

4. FEI Number 59-3670311

Applied For

Not Applicable

Zip

34103

Country

USA

Zip

34103

Country

U.S.A.

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

GOODMAN, KENNETH D  
GOODMAN & BREEN  
3838 TAMiami TRAIL NORTH, SUITE 300  
NAPLES FL 34103

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.

\$4,950,000.00

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 MARY BOTTALLA, INC.  
STREET ADDRESS ~~1101 AZTEC COURT~~  
CITY-ST-ZIP MARCO ISLAND FL 34145

STREET ADDRESS C/O GOODMAN & BREEN  
3838 TAMiami TR. N. STE 300  
CITY-ST-ZIP NAPLES, FL 34103

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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:

*Mary Bottalla*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Mary Bottalla, President

Date

Daytime Phone #

CR2E003 (4/02)