

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000002052

1. Entity Name

ERICKSEN/BAYSIDE, LTD.

Principal Place of Business

2223 Trade Center Way  
Naples, FL 34109  
US

Mailing Address

2223 Trade Center Way  
Naples, FL 34109  
US

FILED

01 APR 27 AM 11:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3698380

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ERICKSEN, GROVER G.  
2223 Trade Center Way  
Naples, FL 34109

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record

250,000

10. Amount of Capital Contributions  
in FLORIDA to date

240,000

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER 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

DOCUMENT #  
NAME Erickson Communities, Inc  
STREET ADDRESS 2223 Trade Center Way  
CITY-ST-ZIP Naples

DOCUMENT #

NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #

NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #

NAME  
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CITY-ST-ZIP

DOCUMENT #

NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/25/01 941 566 3355

CR2E003 (11/00)