

2000 UNIFORM BUSINESS REPORT (UBR)

2010875 AF

DOCUMENT # **A00983**

1. Entity Name

BUCCANEER'S ROOST LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 10 PM 1:59

Principal Place of Business

1020 GOODLETTER RD. N.
NAPLES FL 34102

Mailing Address

1020 GOODLETTER RD. N.
NAPLES FL 34102-5449



2. Principal Place of Business

1140 GOODLETTE RD.
Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 10608
Suite, Apt. #, etc.

City & State

NAPLES FL

Zip 34102 Country USA

City & State

NAPLES FL

Zip 34101 Country USA

4. FEI Number

59-6217431

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

VEGA, GEORGE, JR.
2660 AIRPORT RD.
NAPLES FL 33940

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

34112

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

4-3-00

9. Capital Contributions
as Shown on record.

\$15,000.00

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

DOCUMENT # L39663
NAME COLONIAL SQUARE REALTY, INC.
STREET ADDRESS 1020 GOODLETTE ROAD
CITY - ST - ZIP NAPLES FL 34102

13. ADDRESS CHANGES ONLY

STREET ADDRESS

1140 GOODLETTE ROAD

CITY - ST - ZIP

NAPLES FL 34102

STREET ADDRESS

CITY - ST - ZIP

600003223166--8

-04/25/00--01074--013

****193.75 ****193.75

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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

Date

Daytime Phone #

4-3-00 941-261 2627

CR2E003 (9/99)