

**LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **A61 000060061**

1. Entity Name

**VERANO PROFESSIONAL PARK, LTD.**



**FILED**

**03 MAY -9 AM 10:36**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DO NOT WRITE IN THIS SPACE**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**15051 SOUTH TAMiami TRAIL**

3. Mailing Address

**15051 SOUTH TAMiami TRAIL**

Suite, Apt. #, etc.

**SUITE 203**

Suite, Apt. #, etc.

**SUITE 203**

**DUE BY MAY 1**

City & State

**FORT MYERS, FL**

City & State

**FORT MYERS, FL**

4. FEI Number

**59-3711565**

Applied For

Not Applicable

Zip

**33908**

Country

**US**

Zip

**33908**

Country

**US**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **KENNETH W. BROWN**

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

**15051 SOUTH TAMiami TRAIL**

City **FORT MYERS**

**FL**

Zip Code  
**33908**

8. The above named agent 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

*Kenneth W. Brown, Director*

**4/28/03**  
DATE

9. Capital Contributions  
as Shown on record.

**\$600,000**

10. Amount of Capital Contributions  
in FLORIDA to date.

**SAME**

**11. MAKE CHECK PAYABLE TO FL. 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 #

NAME

STREET ADDRESS

CITY-ST-ZIP

**VERANO, INC.**

**15051 SOUTH TAMiami TRAIL, SUITE 203**

**FORT MYERS, FL 33908**

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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:

*Kenneth W. Brown, Director*

**4/28/03**

**239-213-1648**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DATE

DAYTIME PHONE #

STAPLE CHECK HERE

CR2E003B (12/02)