

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A01000000661**

1. Entity Name

**FLAMINGO ISLAND MARKET, LTD.**

FILED

2002 APR 29 AM 10:56

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**4099 TAMiami TRAIL NORTH, SUITE 305  
NAPLES FL 34103**

Mailing Address  
**4099 TAMiami TRAIL NORTH, SUITE 305  
NAPLES FL 34103**

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

**59-3739781**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DUE BY MAY 1, 2002**

6. Name and Address of Current Registered Agent

**FIELD, JAMES W  
4099 TAMiami TRAIL NORTH, SUITE 305  
NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name

**ASA W CANDLER**

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

**4099 Tamiami Tr. N., Suite 305**

City

**Naples**

FL

Zip Code

**34103**

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]*

Signature, typed or printed name of registered agent and title if applicable.

**4-22-02**

DATE

9. Capital Contributions  
as Shown on record.

**\$1,257,000.00**

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 # **P97000015251**  
NAME **MARKET MANAGEMENT, INC.**  
STREET ADDRESS **4099 TAMiami TRAIL NORTH, SUITE 305**  
CITY-ST-ZIP **NAPLES FL 34103**

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

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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

**200005502372**  
**-05/10/02--01033--018**  
**\*\*\*\*526.25 \*\*\*\*526.25**

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Pres**

**4-22-02**

**941-262-3034**

Date

Daytime Phone #

CR2E003 (9/01)