

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000001491 #10246-1

1. Entity Name
BAHIA VISTA ASSOCIATES, L.L.P.



FILED

03 APR 16 AM 7:12

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

Principal Place of Business
C/O DAVID S. BAND, GENERAL PARTNER
240 S. PINEAPPLE AVE., 10TH FLOOR
SARASOTA FL 34236

Mailing Address
C/O DAVID S. BAND, GENERAL PARTNER
P.O. BOX 49948
SARASOTA FL 34230-6948



2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-1152858		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KAUFFMAN, MARK S 455 LONGBOAT CLUB ROAD, PH-4 LONGBOAT KEY FL 34228		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		DATE	
Signature, typed or printed name of registered agent and title if applicable.			
9. Capital Contributions as Shown on record. \$1,400,000.00	10. Amount of Capital Contributions in FLORIDA to date.	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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	BAND, DAVID S	STREET ADDRESS	
NAME	240 S. PINEAPPLE AVE., 10TH FLOOR	CITY-ST-ZIP	
STREET ADDRESS	SARASOTA FL 34236		
CITY-ST-ZIP			
DOCUMENT #	A95000001855	STREET ADDRESS	
NAME	THE KAUFFMAN FAMILY PARTNERSHIP #2, LTD.	CITY-ST-ZIP	
STREET ADDRESS	455 LONGBOAT CLUB ROAD PH4		
CITY-ST-ZIP	LONGBOAT KEY FL 34228		
DOCUMENT #		STREET ADDRESS	
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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: *David S. Band* 03/17/03 941-366-6660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER General Partner Date Daytime Phone #

0015731 AT

CR2E003 (10/02)

STAPLE CHECK HERE