

2002 UNIFORM BUSINESS REPORT (UBR)

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FILED

02 APR 26 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # A01407

1. Entity Name
C.S.L. & G. DEVELOPMENT, LTD.

Principal Place of Business
**3591 FOWLER STREET
(P. O. BOX 6966)
FT. MYERS FL 33911**

Mailing Address
**3591 FOWLER STREET
(P. O. BOX 6966)
FT. MYERS FL 33911**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

DUE BY MAY 1, 2002

4. FEI Number **59-1323296**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CRONIN, THOMAS R.
3591 FOWLER
FT. MYERS FL 33901**

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

9. Capital Contributions as Shown on record. **\$1,674,200.00**

10. Amount of Capital Contributions in FLORIDA to date. **893,375.00**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	CRONIN, T.R. 3591 FOWLER STREET FT. MYERS FL	STREET ADDRESS	500005450305 2 05/03/02-01065-016 ****535.00 ****535.00
NAME		CITY-ST-ZIP	
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DOCUMENT #		CITY-ST-ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	

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: *THOMAS R. CRONIN* **CRONIN** 4/23/02 239-936-8888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (9/01)