

2001 UNIFORM BUSINESS REPORT (UBR)

001198 AF

DOCUMENT # **A07473**

1. Entity Name

MIDWEST ARMS ASSOCIATES, LIMITED

2650-1

FILED

Principal Place of Business

**240 S. PINEAPPLE AVE., 10TH FLOOR
SARASOTA FL 34236**

Mailing Address

**P. O. BOX 49948
SARASOTA FL 34230-6948**

01 MAY -2 PM 12:33

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

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

59-1917799

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GORDON, DAVID B
5005 WEST LAUREL STREET
STE. 206
TAMPA FL 33607-3839**

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

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

(NOT: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$23,750.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$1,000.00

**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 # **618204**
NAME **MIDWEST ARMS MANAGMENT CORP.**
STREET ADDRESS **240 S. PINEAPPLE AVE.**
CITY-ST-ZIP **SARASOTA FL 34236**

STREET ADDRESS

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**David S. Band, as Director of Midwest Arms
Management Corp., 4/16/01 (941) 366-6660
Florida Corp
General Partner**

Date

Daytime Phone #

CR2E003 (11/00)