

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAR 20 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

rf329



DO NOT WRITE IN THIS SPACE

DOCUMENT # A10776

1. Entity Name

PHILLIPPI SHORES ASSOCIATES, LTD.

Principal Place of Business
500 PHILLIPPI SHORES DRIVE
SARASOTA FL 33581

Mailing Address
% FLORIDA COMPUTER EXCHANGE
P.O. BOX 2099
SARASOTA FL 34230-2099

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2104148

Applied For
Not Applicable

Zip

Country

Zip

Country

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

DESENBERG, CHARLES
1934 RINGLING BLVD.
SARASOTA FL 34236

Name
Street Address (P.O. Box Number is Not Acceptable)
2801 Fruitville Road
Suite #120
City *Sarasota* FL Zip Code *34237*

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.

(NOTE: Registered Agent signature required when reinstating)

Charles M. Desenberg
DATE *3-16-00*

9. Capital Contributions as Shown on record. \$199,500.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME DESENBERG, MILFORD
STREET ADDRESS 1321 N. LAKESHORE DRIVE
CITY - ST - ZIP SARASOTA FL

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME DESENBERG, CHARLES
STREET ADDRESS 4626 HADFIELD DRIVE
CITY - ST - ZIP SARASOTA FL 34235

STREET ADDRESS
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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)