

# 2001 UNIFORM BUSINESS REPORT (UBR)

001214 AF

DOCUMENT # A11903

1. Entity Name

EVERGLADES ROAD ASSOCIATES, LTD.

1042-19

FILED

Principal Place of Business

P. O. BOX 49948  
SARASOTA FL 34230-6948

Mailing Address

P. O. BOX 49948  
SARASOTA FL 34230-6948

01 MAY -2 PM 12:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

395 Commercial Court

Suite, Apt. #, etc.

Suite A

City & State

Venice, FL

Zip

34292

Country

US

4. FEI Number

59-2151176

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RUSSELL, JEFFREY S.  
240 SOUTH PINEAPPLE AVE  
10TH FLOOR  
SARASOTA FL 34236

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

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.

\$932,134.00

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

DOCUMENT # F42877  
NAME TARUE CORP.  
STREET ADDRESS P. O. BOX 49948 N/A  
CITY-ST-ZIP SARASOTA FL 34230-6948

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Michael W. Miller, 4/16/01 (941) 366-6660

as Director of Tarue Corp., a Florida corp

CR2E003 (11/00)