

# 2000 SMALL BUSINESS REPORT (SBR)

DOCUMENT # **A12862**

1. Entity Name  
**CASTAL ASSOCIATES, LTD.**

APPROVED  
AND  
FILED

Principal Place of Business  
**1819 SOUTH OCEAN DRIVE  
JACKSONVILLE BEACH FL 32250**

Mailing Address  
**1819 SOUTH OCEAN DRIVE  
JACKSONVILLE BEACH FL 32250-6242**

00 MAR 20 PM 12:32

SECRETARY OF STATE  
TALLAHASSEE

nf 3129



2. Principal Place of Business

3. Mailing Address

**PO Box 50307**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Jacksonville Beach, FL**

Zip

Country

**32240**

Country

**USA**

4. FEI Number **59-2219072**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WERNER, MARK  
1819 SOUTH OCEAN DRIVE  
JACKSONVILLE BEACH FL 32250**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

**\$750,000.00**

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.

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**WERNER, MARK  
1819 SOUTH OCEAN DRIVE  
JACKSONVILLE BEACH FL 32250**

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**F98314  
REALTY MANAGEMENT GROUP, INC.  
1819 SOUTH OCEAN DRIVE  
JACKSONVILLE BEACH FL 32250**

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13.

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STREET ADDRESS

CITY - ST - ZIP

**PO Box 50307**

**Jacksonville Beach, FL 32240-08**

**400003197364--3**

**-04/05/00--01102--010**

**\*\*\*\*437.50 \*\*\*\*437.50**

**400003197364--3**

**-04/05/00--01102--011**

**\*\*\*\*\*97.50 \*\*\*\*\*97.50**

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: **X SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #