

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A15803

632-2/VP

1. Entity Name

ENGLEWOOD ASSOCIATES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -1 PM 1:33

Principal Place of Business

P.O. BOX 49948
240 S. PINEAPPLE AVENUE
SARASOTA FL 34230

Mailing Address

P.O. BOX 49948
240 S. PINEAPPLE AVENUE
SARASOTA FL 34230-6948

2. Principal Place of Business

240 S. Pineapple Avenue

3. Mailing Address

P.O. Box 49948

Suite, Apt. #, etc.

10th Floor

Suite, Apt. #, etc.

City & State

Sarasota, Florida

City & State

Sarasota, Florida

Zip

34236

Country

USA

Zip

34230-6948

Country

USA

4. FEI Number

59-2343523

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DSB, INC.

240 SOUTH PINEAPPLE AVENUE, 10th Floor

SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

10th Floor

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.

\$261,657.68

10. Amount of Capital Contributions
in FLORIDA to date.

\$261,657.68

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 # 615740
NAME DSB, INC.
STREET ADDRESS 240 SOUTH PINEAPPLE AVE.
CITY - ST - ZIP SARASOTA FL 34236

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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 REQUIRED

4/19/00 (941) 366-6660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

DAVID S. BAND, AS DIRECTOR OF DSB, INC.

GENERAL PARTNER

CR2E001 (3/99)