

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A16024

1. Entity Name

EUDORA GROVE APARTMENTS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 25 AM 3:05

Principal Place of Business

351 6TH AVENUE WEST
BRADENTON FL 34205
US

Mailing Address

351 6TH AVENUE WEST
BRADENTON FL 34205-8820
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9421 Town Center Pkwy
Suite, Apt. #, etc.

3. Mailing Address

9421 Town Center Pkwy
Suite, Apt. #, etc.

City & State

Bradenton, FL

City & State

Bradenton, FL

4. FEI Number

65-0720594

Applied For

Not Applicable

Zip

34202

Country

USA

Zip

34202

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRAUS, KIMBERLY L
351 6TH AVENUE WEST
BRADENTON FL 34205

7. Name and Address of New Registered Agent

Name GRAUS, Kimberly L.

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

9421 Town Center Pkwy

City Bradenton

FL

Zip Code

34202

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

Kimberly L. Graus Kimberly L. GRAUS

4-7-00

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.

\$910.00

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

DOCUMENT # P96000056684
NAME SM-PLANTATION, INC.
STREET ADDRESS 351 6TH AVENUE WEST
CITY - ST - ZIP BRADENTON FL 34205

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

9421 Town Center Pkwy
Bradenton, FL 34202

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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DOCUMENT #

NAME

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:

Kimberly L. Graus SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-7-00 (941) 907 8788

Date

Daytime Phone #

CR2EC03 (9/99)