

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A16965

1. Entity Name

FLORIDA BAY DEVELOPMENT COMPANY, LTD.

FILED

00 JAN 20 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
8260 S.W. 159TH ST.
MIAMI FL 33157

Mailing Address
8260 SW 159 ST.
MIAMI FL 33157-2247

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2386779**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRANE, REUBEN J JR.
8260 SW 159TH ST.
MIAMI FL 33157

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.

\$90,000.00

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. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

TRANE, R. NICHOLAS II
W7613 COUNTY HWY. 2B
ONALASKA WI

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

TRANE, GERALD H
6481 RIVER POINT DRIVE
GREEN COVE SPRINGS FL

STREET ADDRESS
CITY - ST - ZIP

000003111930--8
-01/27/00--01003--006
****526.25 ****526.25

DOCUMENT #
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CITY - ST - ZIP

TRANE, REUBEN J JR.
8260 SW 159TH ST.
MIAMI FL

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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 REQUIRED REUBEN J TRANE Date: 305 254-0987 Daytime Phone #