

# 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

Zip

Country

Zip

Country

4. FEI Number **59-2386779**

Applied For  
Not Applicable

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 #  
NAME  
STREET ADDRESS  
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 AT-00 305 254-0987**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #