

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A17691**

1. Entity Name **DESOTO ASSOCIATES, LIMITED** #1218-1

Principal Place of Business
240 S. PINEAPPLE AVENUE
10TH FLOOR
SARASOTA FL 34236

Mailing Address
P.O. BOX 49948
SARASOTA FL 34230-6948

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DUE BY MAY 1, 2002

4. FEI Number **59-2432372** Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAND, STEPHEN C
1991 MAIN ST, SUITE 183
SARASOTA FL 34236

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$400,000.00** 10. Amount of Capital Contributions in FLORIDA to date. **\$100,000.00** 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 # **615740**
 NAME **DSB, INC.**
 STREET ADDRESS **240 S. PINEAPPLE, 10TH FLOOR**
 CITY-ST-ZIP **SARASOTA FL 34236**

STREET ADDRESS **BK**
 CITY-ST-ZIP
 STREET ADDRESS **800005501738--0**
 CITY-ST-ZIP **-05/10/02--01017--003**
*****526.25 ***526.25**

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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: *David S. Band* David S. Band, as Director of DSB, Inc., a Florida corp
 General Partner 4/12/02 (941) 366-6660
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

FILED

02 APR 29 PM 5:10
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



0015441 AT

CR2E003 (9/01)