

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A20644**

1. Entity Name

**FORT MYERS, LTD.**

Principal Place of Business

1100 SPRING STREET, N.W.  
SUITE 550  
ATLANTA GA 30309-2848

Mailing Address

1100 SPRING STREET, N.W.  
SUITE 550  
ATLANTA GA 30309-2857



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**58-1632995**

Applied For  
Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DRAGE, THOMAS B ESQ.  
DRAGE DEBEAUBIEN KNIGHT SIMMONS ROMANO & N  
332 NORTH MAGNOLIA AVENUE  
ORLANDO FL 32802**

7. Name and Address of New Registered Agent

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.

**\$2,840,545.71**

10. Amount of Capital Contributions in FLORIDA to date.

**\$1,917,368.35**

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 # **820496**  
NAME **SELIG ENTERPRISES, INC.**  
STREET ADDRESS **1100 SPRING ST, NW #550**  
CITY - ST - ZIP **ATLANTA GA**

STREET ADDRESS

CITY - ST - ZIP

**7000003289597--4**  
**-06/14/00--01100--017**  
**\*\*\*526.25 \*\*\*526.25**

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**FILED**  
**00 MAY -5 PM 2:00**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

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

**Selig Enterprises, Inc., as sole general partner of Fort Myers, Ltd.**

SIGNATURE:

**SIGNATURE REQUIRED**

4/27/00

(404) 876-5511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
**William J. Dawkins, Sr. V.P. & Sec.**

Date

Daytime Phone #

6810 300 1 BR