

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A21414

1. Entity Name

SAN CARLOS PLAZA, LTD.

FILED

01 FEB 19 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**9220 BONITA BEACH RD., STE. 200
BONITA SPRINGS FL 34135**

Mailing Address

**9220 BONITA BEACH RD., STE. 200
BONITA SPRINGS FL 34135**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-2692664	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**WYNN, LARRY
9220 BONITA BEACH RD., STE. 200
BONITA SPRINGS FL 34135**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$262,500.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	
NAME	LOCKER, JOSEPH R., JR.
STREET ADDRESS	350 FIFTH AVENUE SOUTH, #200
CITY-ST-ZIP	NAPLES FL 34102
DOCUMENT #	
NAME	WYNN, LARRY A.
STREET ADDRESS	9220 BONITA BEACH ROAD SE
CITY-ST-ZIP	BONITA SPRINGS FL 34135
DOCUMENT #	
NAME	ERICKSON, PHILIP A
STREET ADDRESS	1250 TAMAMI TRAIL N., #106
CITY-ST-ZIP	NAPLES FL 34102
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	600003746356--3
CITY-ST-ZIP	02/21/01--01119--023 ****526.25 ****526.25
STREET ADDRESS	SUITE 200
CITY-ST-ZIP	
STREET ADDRESS	900-6th AVE. So. Suite 301
CITY-ST-ZIP	Naples 34102
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: *Signature Required* Wynn A. Wynn 1-31-01 941-947-4848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)