

# 2000 UNIFORM BUSINESS REPORT (UBR)

0012837 AF

**DOCUMENT # A21509**

1. Entity Name  
1360 SARNO ROAD, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 17 AM 11:43

Principal Place of Business  
575 S. WICKHAM RD., STE. E  
WEST MELBOURNE FL 32904

Mailing Address  
575 S. WICKHAM RD., STE. E  
WEST MELBOURNE FL 32904-1170



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

4. FEI Number **59-2619054**

Applied For  
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent  
**CLARK, COY A.**  
575 S. WICKHAM RD., STE. E  
WEST MELBOURNE FL 32904

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. **\$364,000.00**

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                         |  |
|---|--|
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | CLARK, COY A.<br>575 S. WICKHAM RD., STE. E<br>WEST MELBOURNE FL 32904 |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
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| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

| 13. ADDRESS CHANGES ONLY |   |
|--------------------------|---|
| STREET ADDRESS           |   |
| CITY - ST - ZIP          | 100003229141--0<br>-04/28/00--01084--008<br>****526.25 ****526.25 |
| STREET ADDRESS           |   |
| CITY - ST - ZIP          |   |
| 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: COY A CLARK **REQUIRED** COY A CLARK Date 4/13/00 Daytime Phone # \_\_\_\_\_

CR2E003 (9/99)