

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A22610

1. Entity Name

SOUTH TRAIL VILLAGE ASSOCIATES, LTD.

Principal Place of Business

240 S. PINEAPPLE AVENUE
10TH FLOOR
SARASOTA FL 34236

Mailing Address

240 S. PINEAPPLE AVENUE
10TH FLOOR
SARASOTA FL 34236-6717

2. Principal Place of Business

3. Mailing Address

P.O. Box 49948

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Sarasota, Florida

Zip

Country

Zip
34230-6948

Country
USA

4. FEI Number

59-2676000

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, STEVEN C
1991 MAIN ST., STE. 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

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.

\$396,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$396,000.00

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 SOUTH PINEAPPLE AVE.
CITY - ST - ZIP SARASOTA FL 34236

STREET ADDRESS

CITY - ST - ZIP

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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

4/19/00 (941) 366-6660

DAVID S. BAND, AS DIRECTOR OF DSB, INC.

GENERAL PARTNER

Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -1 PM 1:33



DO NOT WRITE IN THIS SPACE