

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A23452**

1. Entity Name
VIE-A-MER, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 17 AM 11:43

Principal Place of Business
1620 GULF OF MEXICO DRIVE
LONGBOAT KEY FL 34228

Mailing Address
% STEPHEN J. MITCHELL
P.O. BOX 3433
TAMPA FL 33601-3433



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number	59-2734658	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KLAUBER, MURRAY J. 1620 GULF OF MEXICO DRIVE LONGBOAT KEY, FL FL 34228		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. **\$1,200,000.00**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	H69451 VIE-A-MER DEVELOPMENT CORPORATION 1620 GULF OF MEXICO DR. LONGBOAT KEY FL	STREET ADDRESS CITY - ST - ZIP	526.25
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	5000003230305-4
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	-05701700-01010-011 ****526.25 ****526.25
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/25/00

3837419

Daytime Phone #

CR2E003 (9/99)