

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A25508**

1. Entity Name
JOHALA LAGOON PARTNERS, LTD.



FILED
03 JAN 15 PM 3:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
**6101 34TH STREET, WEST, #22-A
BRADENTON FL 34210**

Mailing Address
**6101 34TH STREET, WEST, #22-A
BRADENTON FL 34210**

2. Principal Place of Business
5729 Garden Lakes Palm

3. Mailing Address
5729 Garden Lakes Palm

1/15



DUE BY MAY 1, 2003

City & State
Bradenton, FL

City & State
Bradenton, FL

4. FEI Number **65-0143624**

Applied For
Not Applicable

Zip Country
34203 USA

Zip Country
34203 USA

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

6. Name and Address of Current Registered Agent

**HAMILTON-JOHNSON, BONNIE
6101 34TH STREET, WEST, #22-A
BRADENTON FL 34210**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Bonnie J. Hamilton* **Bonnie J. Hamilton**

Jan. 10, 2003

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. **\$115,060.00**

10. Amount of Capital Contributions
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. 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 # **J25280**
NAME **JOHALA DEVELOPMENT CO.**
STREET ADDRESS **6101 34TH STREET, WEST, #22-A**
CITY-ST-ZIP **BRADENTON FL 34210**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS **5729 Garden Lakes Palm**

CITY-ST-ZIP **Bradenton, FL 34203**

STREET ADDRESS

CITY-ST-ZIP

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: *Bonnie J. Hamilton* **Bonnie J. Hamilton** 01/10/03 941-755-5458
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

0015500 AT

CR2E003 (10/02)