

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A26526**

1. Entity Name

SARASOTA LAKESIDE CLUB LIMITED PARTNERSHIP

Principal Place of Business

**C/O FORWARD MANAGEMENT, INC.
110 S. BROOKS ST.
MADISON WI 53715**

Mailing Address

**C/O FORWARD MANAGEMENT, INC.
110 S. BROOKS ST.
MADISON WI 53715-2310**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number

39-1627560

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

**WEAVER, KATHY
4325 40TH ST., W.
BRADENTON FL 34205**

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.

\$0.00

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
**FARR, THOMAS G.
110 SO BROOKS ST
MADISON WI**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**F93000001617
FIRST MADISON CORP-88
617 N. SEGUE RD. STE 202
MADISON WI**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
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STREET ADDRESS

CITY - ST - ZIP

700003293467-4
05/16/00 01016 002
******141.25 ****141.25**

1. 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

3-12-04

Date

Daytime Phone #

608-255-3133

CR2E003 (9/99)