

2000 UNIFORM BUSINESS REPORT (UBR)

0017332 1

DOCUMENT # **A26992**

1. Entity Name

NAPLES VENTURES LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 29 PM 12:52



DO NOT WRITE IN THIS SPACE

Principal Place of Business
8806 WINGED BOURNE
CHARLOTTE NC 28210

Mailing Address
8806 WINGED BOURNE
CHARLOTTE NC 28210-5940

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

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

City & State
Zip Country

City & State
Zip Country

4. FEI Number **56-1624215**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STANLEY, JOHN F.
2660 AIRPORT RD., SOUTH
NAPLES FL 33962-4899

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. **\$877,500.00**
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 #	P21905	STREET ADDRESS	STREET ADDRESS	Mf 3/9/00
NAME	PALISADES PROPERTIES, IN	CITY - ST - ZIP	CITY - ST - ZIP	
STREET ADDRESS	8806 WINGED BOURNE	STREET ADDRESS	STREET ADDRESS	5000003168325--A
CITY - ST - ZIP	CHARLOTTE NC	CITY - ST - ZIP	CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	STREET ADDRESS	-03/14/00--01029--014
NAME		CITY - ST - ZIP	CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	STREET ADDRESS	****526.25 ****526.25
CITY - ST - ZIP		CITY - ST - ZIP	CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	STREET ADDRESS	
NAME		CITY - ST - ZIP	CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	STREET ADDRESS	
NAME		CITY - ST - ZIP	CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	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: **W. Roberts**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-24-00 704-543-7970
Date Daytime Phone #

666 0003 (9/99)