

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A28200

1. Entity Name

BILL SMITH PLAZA, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUN 26 PM 1:29

Principal Place of Business

1250 N. TAMiami TRAIL, SUITE 301  
NAPLES FL 34102

5010 TAMiami TRAIL, N  
NAPLES FL 34103

Mailing Address

1250 N. TAMiami TRAIL, SUITE 301  
NAPLES FL 34102-3267

5010 TAMiami TRAIL, N  
NAPLES FL 34103



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0106607

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PREVOLOS, DEAN

1250 N. TAMiami TRAIL, SUITE 301

NAPLES FL 34102

Name PREVOLOS, DEAN

Street Address (P.O. Box Number is Not Acceptable)

5010 TAMiami TRAIL N.

City NAPLES

FL

Zip Code 34103

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.

\$930,000.00

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 LYNCH, DENNIS J  
STREET ADDRESS 756 BRENTWOOD PT  
CITY - ST - ZIP NAPLES FL 34110

STREET ADDRESS 567 Audubon Blvd. Apt. 301  
CITY - ST - ZIP NAPLES, FL 34110

DOCUMENT #  
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/20/00 261-1734

16/01/01 11:00:00