

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A29095**

1. Entity Name

MANASARA ASSOCIATES LIMITED

FILED

00 JAN 10 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1131 NORTH LAKE SHORE DRIVE SARASOTA FL 34231	Mailing Address 1131 NORTH LAKE SHORE DRIVE SARASOTA FL 34231-3435
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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 65-0157031	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SABA, RICHARD D.
1390 MAIN STREET
SUITE 824
SARASOTA FL 34236

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. \$395,600.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	FIERS, CARLISLE W., JR.
NAME	1131 NORTH LAKE SHORE DR
STREET ADDRESS	SARASOTA FL
CITY - ST - ZIP	
DOCUMENT #	M90343
NAME	MANASARA CORP.
STREET ADDRESS	1390 MAIN ST., STE. 824
CITY - ST - ZIP	SARASOTA FL
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	200003099928--0 -01/14/00--01104--024 ***526.25 ***811.27
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
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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: *Carlisle W. Fiers* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **FIERS, CARLISLE W.** Date **1/6/00** Daytime Phone # **941 921 2212**

CR2E003 (9/99)