

2001 UNIFORM BUSINESS REPORT (UBR)

001124 AF

DOCUMENT # **A29906**

1. Entity Name

GASPARILLA PARTNERS OF BOCA GRANDE, LTD.

Principal Place of Business

Mailing Address

1861 PLACIDA ROAD, SUITE 204
ENGLEWOOD FL 34223

1861 PLACIDA ROAD, SUITE 204
ENGLEWOOD FL 34223

FILED

01 JUN 28 AM 8:47

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0188964

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

BATSEL, C. GUY
1861 PLACIDA ROAD, SUITE 204
ENGLEWOOD FL 34223

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.

\$300,000.00

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 # **L47780**
NAME **GASPARILLA SMA, INC.**
STREET ADDRESS **P.O. BOX 1010**
CITY-ST-ZIP **BOCA GRANDE FL**

STREET ADDRESS

CITY-ST-ZIP

700004469567--7
-07/11/01--01059--027

DOCUMENT #
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STREET ADDRESS
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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

11 Apr 01 021969 0211
Date Daytime Phone #

CR2E003 (11/00)