

# 2002 UNIFORM BUSINESS REPORT (UBR)

00136 3 AI

DOCUMENT # **A29906**

1. Entity Name

**GASPARILLA PARTNERS OF BOCA GRANDE, LTD.**

FILED

02 MAR 15 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

**1861 PLACIDA ROAD, SUITE 204  
ENGLEWOOD FL 34223**

Mailing Address

**1861 PLACIDA ROAD, SUITE 204  
ENGLEWOOD FL 34223**

2. Principal Place of Business

**333 Park Ave**

3. Mailing Address

**POB 1466**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Boca Grande IA**

**Boca Grande**

**33421**

**Lee**

City & State

**Boca Grande**

**33421**

**Lee**

DUE BY MAY 1, 2002

4. FEI Number

**65-0188964**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BATSEL, C. GUY**

**1861 PLACIDA ROAD, SUITE 204  
ENGLEWOOD FL 34223**

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

Signature, typed or printed name of registered agent and title if applicable.

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

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

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

**100005146441-9**

**-03/22/02--01048--022**

**\*\*\*\*\*525.25 \*\*\*\*\*525.25**

DOCUMENT #  
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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**

**TERP SE 12**

**02-08-02**

**941-964-0585**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)