

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 19, 2001 08:00 AM

Secretary of State

DOCUMENT # **A30579**

1. Entity Name
OLDE FLORIDA LTD.

Principal Place of Business 9393 VANDERBILT BEACH RD. EXT. NAPLES FL 34120	Mailing Address 9393 VANDERBILT BEACH RD. EXT. NAPLES FL 34120
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0233634	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent JOSEPHSON LYNN G 9393 VANDERBILT BEACH RD. EXT. NAPLES FL 33964 US	7. Name and Address of New Registered Agent <table border="1"><tr><td>Name JOSEPHSON LYNN G</td></tr><tr><td>Street Address (P.O. Box Number is Not Acceptable) 9393 VANDERBILT BEACH RD. EXT.</td></tr><tr><td>City NAPLES FL</td></tr><tr><td>Zip Code 34120</td></tr></table>	Name JOSEPHSON LYNN G	Street Address (P.O. Box Number is Not Acceptable) 9393 VANDERBILT BEACH RD. EXT.	City NAPLES FL	Zip Code 34120
Name JOSEPHSON LYNN G					
Street Address (P.O. Box Number is Not Acceptable) 9393 VANDERBILT BEACH RD. EXT.					
City NAPLES FL					
Zip Code 34120					

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 **LYNN G. JOSEPHSON** **01/19/2001**
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. 6,017,537.00	10. Amount of Capital Contributions in FLORIDA to date. 1,204,343.00	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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	OFC OF NAPLES, INC. 9393 VANDERBILT BEACH RD. EXT. NAPLES FL 34120	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
		STREET ADDRESS	
		CITY-ST-ZIP	
		STREET ADDRESS	
		CITY-ST-ZIP	
		STREET ADDRESS	
		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: **T. J. Kukle** Pres **01/19/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)