


# 2001 UNIFORM BUSINESS REPORT (UBR)

001317 AF

<b>DOCUMENT # A33389</b>			
1. Entity Name <b>SARASOTA TRUST CENTER, LTD.</b>			
Principal Place of Business <b>640 SOUTH WASHINGTON BLVD.. #200 SARASOTA FL 34236</b>		Mailing Address <b>640 SOUTH WASHINGTON BLVD.. #200 SARASOTA FL 34236</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  <b>CRISSEY, BRUCE M., JR. 640 S. WASHINGTON BLVD. SARASOTA FL 34236</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
9. Capital Contributions as Shown on record. <b>\$310,740.70</b>		10. Amount of Capital Contributions in FLORIDA to date. <b>221,139</b>	
11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>V61867 SARASOTA TRUST CORP. 640 S. WASHINGTON BLVD. SARASOTA FL 34236</b>	STREET ADDRESS CITY-ST-ZIP	<b>600003744816--8 -02/21/01--01032--009 ****526.25 ****526.25</b>
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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 <b>[Signature]</b>		SIGNATURE REQUIRED <b>[Signature]</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date <b>2/7/01</b> Daytime Phone # <b>949-957-3760</b>	

**FILED**  
01 FEB 15 AM 11:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E003 (11/00)