

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000000668

1. Entity Name

NAPLES TOWNE CENTRE ASSOCIATES, LTD.

Principal Place of Business
1733 W. FLETCHER AVE.
TAMPA FL 33612

Mailing Address
1733 W. FLETCHER AVE.
TAMPA FL 33612-1820

FILED

00 MAY -2 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 65-0421500

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

WEST INVESTMENT COMPANY, INC.
340 S. PALM AVE., APT. 45
SARASOTA FL 34236

Name
Blalock, Landers, Walters & Vogler, P.A.
Street Address (P.O. Box Number is Not Acceptable)
802 11th St. West
City Bradenton FL Zip Code 34205

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.

Blalock, Landers, Walters & Vogler, P.A.

SIGNATURE By: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. \$740,000.00

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 # A93000000667
NAME NAPLES S.C. COMPANY, LTD.
STREET ADDRESS 1733 W. FLETCHER AVE.
CITY - ST - ZIP TAMPA FL 33612

STREET ADDRESS
CITY - ST - ZIP 700003256897-7
-05/18/00-01024-001
****526.25 ****526.25

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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:

[Signature] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

3/15/00 (83) 960 8154

CR2E003 (9/99)