

2001 UNIFORM BUSINESS REPORT (UBR)

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AF

DOCUMENT # **A93000000672**

1. Entity Name

ERICKSEN/CONCORD PARTNERSHIP, LTD.

Principal Place of Business

**6326 TRAIL BOULEVARD
NAPLES FL 34108**

Mailing Address

**6326 TRAIL BOULEVARD
NAPLES FL 34108**

FILED

01 APR 27 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2223 Trade Center Way

3. Mailing Address

2223 Trade Center Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

65-0413327

Applied For

Not Applicable

Zip

34109

Country

USA

Zip

34109

Country

***USA**

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

ERICKSEN, GROVER G

**6326 TRAIL BOULEVARD 2223 Trade Center Way
NAPLES FL 34108 34109**

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.

\$1,010,000.00

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 # **K08738**
NAME **ERICKSEN COMMUNITIES, INC.**
STREET ADDRESS **6326 TRAIL BLVD.**
CITY-ST-ZIP **NAPLES FL 34108**

STREET ADDRESS **2223 Trade Center Way**
CITY-ST-ZIP **Naples, FL 34109**

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CR2E003 (11/00)

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/25/01

Date

941-566-3355

Daytime Phone #