

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000000767

1. Entity Name

OVERSEAS PARTNERSHIP MAWI, LTD.

FILED

00 FEB -4 PM 2: 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
786 SOUTH ORANGE AVENUE
SARASOTA FL 34236

Mailing Address
786 SOUTH ORANGE AVENUE
SARASOTA FL 34236-7718

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0424677

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ANDERSON, KENT J
8075 SOUTH BENEVA ROAD, SUITE 6
SARASOTA FL 34238

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$95,000.00

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 # J41038
NAME OVERSEAS DEVELOPMENT CORP. OF SARASOTA, INC.
STREET ADDRESS 786 SOUTH ORANGE AVENUE
CITY - ST - ZIP SARASOTA FL 34236

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

200003130232-4
-02/10/00--01002--011
****526.25 ****526.25

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:

Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-21-00

Date

941-351-6222

Daytime Phone #

CR2E003 (9/99)