

2000 UNIFORM BUSINESS REPORT (UBR)

0009374 JAF

DOCUMENT # A94000000188

1. Entity Name
SIERRA VENTURES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -2 AM 8:48

Principal Place of Business
**15436 NORTH FLORIDA AVENUE, SUITE 200
TAMPA FL 33613**

Mailing Address
**15436 NORTH FLORIDA AVENUE, SUITE 200
TAMPA FL 33613-1226**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Zip Country

4. FEI Number **59-3233216**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SIERRA, J. ROBERT
15436 NORTH FLORIDA AVENUE, SUITE 200
TAMPA FL 33613**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$9,900.00**

10. Amount of Capital Contributions in FLORIDA to date. **9,900**

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 # NAME STREET ADDRESS CITY - ST - ZIP	K09694 AVILA DEVELOPMENT CORPORATION 15436 N. FLORIDA AVENUE, SUITE 200 TAMPA FL 33613	STREET ADDRESS CITY - ST - ZIP	
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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: *Thomas H. Gray* **1/22/00** **813-962-0440**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #