

2000 UNIFORM BUSINESS REPORT (UBR)

00105411

DOCUMENT # A94000000248

1. Entity Name
SWFRI AT CAPE CORAL LTD.

FILED

00 FEB -4 PM 2: 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1500 COLONIAL BLVD., STE. 102
FT. MYERS FL 33907

Mailing Address
1500 COLONIAL BLVD., STE. 102
FT. MYERS FL 33907-1025

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0468760** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
YORK, RONALD W
1500 COLONIAL BLVD., STE. 102
FT. MYERS FL 33907

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. **\$700,000.00**

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 #	P95000096306	STREET ADDRESS	300003130258 3
NAME	SWFRI OF CAPE CORAL, INC.	CITY - ST - ZIP	-02/10/00--01002--020
STREET ADDRESS	1500 COLONIAL BLVD., STE. 102		****526.25 ****526.25
CITY - ST - ZIP	FT. MYERS FL 33907		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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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: **REQUIRE SIGNATURE REQUIRED** 2/02/2000 941-936-5556 x14

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

CR2E003 (9/99)