

2002 UNIFORM BUSINESS REPORT (UBR)

0015418 AT

DOCUMENT # **A94000000305**

1. Entity Name

LINKS ASSOCIATES, LIMITED

FILED

02 FEB -7 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**22 SOUTH LINKS AVENUE, SUITE 300
SARASOTA FL 34236**

Mailing Address

**P.O. BOX 3948
C/O JOHN A. MORAN
SARASOTA FL 34230**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

65-0472264

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

**DUNLAP, SCOTT W
22 SOUTH LINKS AVENUE, SUITE 300
SARASOTA FL 34236**

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.

DATE

9. Capital Contributions
as Shown on record.

\$452,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$452,000.00

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 # **P98000028308**
NAME **LINKS AVENUE, INC.**
STREET ADDRESS **22 SOUTH LINKS AVENUE, SUITE 300**
CITY-ST-ZIP **SARASOTA FL 34236**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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DOCUMENT #
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******526.25 ****526.25**

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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/5/02 941-366-0115
Date Daytime Phone #

CR2E003 (9/01)

SIAPLE CHECK HERE

LAW OFFICES OF
DUNLAP & MORAN, P.A.

SUITE 300
22 SOUTH LINKS AVENUE
SARASOTA, FLORIDA 34236
POST OFFICE BOX 3948
SARASOTA, FLORIDA 34230-3948
TELEPHONE 941 • 366 • 0115
FACSIMILE 941 • 365 • 4660

SCOTT H. CARTER*
SCOTT W. DUNLAP**
RUTH E. McMAHON†
DAVID M. MITCHELL‡
JOHN A. MORAN
JOHNSON S. SAVARY, JR.††
THOMAS M. TUCKER

* ALSO LICENSED IN TEXAS
** FLORIDA BAR BOARD CERTIFIED—
REAL ESTATE
† FLORIDA BAR BOARD CERTIFIED—
WILLS, TRUSTS & ESTATES
ALSO LICENSED IN
COLORADO AND MICHIGAN
†† ALSO LICENSED IN MICHIGAN
‡ OF COUNSEL

February 5, 2002

3743-4

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314


Re: **LINKS ASSOCIATES, LIMITED**

Dear Sir/Madam:

Enclosed is the 2002 Uniform Business Report for filing in connection for the above-referenced entity. Also, please find **enclosed** a check in the amount of \$526.25, representing payment of your fee.

If you have any questions, please do not hesitate to contact me.

Very truly yours,



Johnson S. Savary, Jr.
For the Firm

JSS:RJP\3743-4\ltr Div of Corp-2002 UBR
Enclosures

cc: John A. Moran, Esq. (w/enclosures)
Scott W. Dunlap, Esq. (w/enclosures)