

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000001077**

1. Entity Name

A&M OF HENDRY COUNTY, LTD.

FILED

00 JAN 28 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**5430 PROCTOR ROAD
SARASOTA FL 34233**

Mailing Address

**5430 PROCTOR ROAD
SARASOTA FL 34233-3827**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0513119**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STRODE, WILLIAM C
720 SO. ORANGE AVE.
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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$5,029,770.00

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 # **P94000053150**
NAME **A&M MANAGEMENT OF HENDRY COUNTY, INC.**
STREET ADDRESS **5430 PROCTOR RD.**
CITY - ST - ZIP **SARASOTA FL 34233**

STREET ADDRESS

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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, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

JOHN M. LEE
JOHN M. LEE

1-12-00

941-925-7111

Date

Daytime Phone #

PRES A&M MGT of the Home Co. Inc.