

# 2001 UNIFORM BUSINESS REPORT (UBR)

0015050 AF

**DOCUMENT # A95000000399**

1. Entity Name

CALUSA LAKES, LTD.

Principal Place of Business

2107 CALUSA LAKES BLVD.

NOKOMIS FL 34275

Mailing Address

2107 CALUSA LAKES BLVD.

NOKOMIS FL 34275

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

01 JAN 13 AM 11:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0566173

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, SHERELL W

2107 CALUSA LAKES BLVD.

NOKOMIS FL 34275

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.

\$2,000,000.00

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 # J75147  
NAME S. W. JOHNSON DEVELOPMENT, INC.  
STREET ADDRESS 2107 CALUSA LAKES BLVD.  
CITY-ST-ZIP NOKOMIS FL 34275

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # P95000011119  
NAME NISLEY CALUSA DEVELOPMENT, INC.  
STREET ADDRESS 2107 CALUSA LAKES BLVD.  
CITY-ST-ZIP NOKOMIS FL 34275

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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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:

*Sherell W. Johnson Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
SHERELL W. JOHNSON JR., PRESIDENT

1/15/2001

Date

941-484-6004

Daytime Phone #

CR2E003 (11/00)