

2001 UNIFORM BUSINESS REPORT (UBR)

0010903 AF

DOCUMENT # **A95000000499**

1. Entity Name

THE STRAND, LTD.

FILED

01 APR 16 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**5645 STRAND BLVD., #3
NAPLES FL 34110**

Mailing Address

**5645 STRAND BLVD., #3
NAPLES FL 34110**

2. Principal Place of Business

5692 STRAND COURT

Suite, Apt. #, etc.

SUITE #1

City & State

NAPLES, FL

Zip

34110

Country

USA

3. Mailing Address

5692 STRAND COURT

Suite, Apt. #, etc.

SUITE #1

City & State

NAPLES, FL

Zip

34110

Country

USA

4. FEI Number

65-0567802

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

NAPLES-LAWDOCK, INC.

4501 TAMiami TRAIL NORTH

STE. 300

NAPLES FL 34103

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.

\$26,320,000.00

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

DOCUMENT # **P95000022597**
NAME **PELICAN STRAND DEVELOPMENT CORPORATION**
STREET ADDRESS **10621 AIRPORT PULLING RD. STE #1**
CITY-ST-ZIP **NAPLES FL 34109**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **5692 STRAND COURT, SUITE #1**
CITY-ST-ZIP **NAPLES, FL 34110**

DOCUMENT #
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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:

SKYLINE
KEVIN TOLSON

4-6-01

Date

941-592-7344

Daytime Phone #

CR2E003 (11/00)