

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000000739**

1. Entity Name

**SHERWOOD HOLDINGS, LTD.**

FILED

00 JAN 18 AM 11:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

6001 MEDICI CT  
SARASOTA FL 34243

6001 MEDICI CT  
SARASOTA FL 34243-2697



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-2177065

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

NICHOLAS F. LANG, P.A.  
5001 4TH ST NO. SUITE A  
ST. PETERSBURG FL 33734

Name

D. GARY ALVEY

Street Address (P.O. Box Number is Not Acceptable)

6001 Medici Ct

City

SARASOTA

FL

Zip Code

34243

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

1-13-00

9. Capital Contributions  
as Shown on record.

\$10,000,000.00

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 # P95000013856  
NAME SHERWOOD VENTURES, INC.  
STREET ADDRESS 6001 MEDICI CT  
CITY-ST-ZIP SARASOTA FL 34243

STREET ADDRESS

6001 Medici Ct

CITY-ST-ZIP

SARASOTA, FL 34243

DOCUMENT #  
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CITY-ST-ZIP

STREET ADDRESS

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

D. GARY ALVEY

Date

1/13/00

Daytime Phone #

941 351-726