

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000000837**

1. Entity Name

SPANISH WELLS PROPERTIES LIMITED PARTNERSHIP

FILED

00 FEB 10 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**28000 SPANISH WELLS DRIVE
BONITA SPRINGS FL 33923**

Mailing Address
**28000 SPANISH WELLS DRIVE
BONITA SPRINGS FL 33923**

2. Principal Place of Business
P.O. Box 366879

3. Mailing Address
P.O. Box 366879

Suite, Apt. #, etc.

City & State
Bonita Spring, FL

City & State
Bonita Springs, FL

4. FEI Number **65-0610474**

Applied For
Not Applicable

Zip **34136** Country **USA**

Zip **34136** Country **USA**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SPANISH WELLS LAND INC.
28000 SPANISH WELLS DRIVE
BONITA SPRINGS FL 33923**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
24890 Burnt Place, Suite 6-9

City **Bonita Springs, FL** Zip Code **34135**

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]* **Secretary** *[Signature]* **1/2/00**

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. **\$10,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$10,000.00**

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 # **F95000000343**
NAME **SPANISH WELLS LAND INC.**
STREET ADDRESS **28000 SPANISH WELLS DRIVE**
CITY - ST - ZIP **BONITA SPRINGS FL 33923**

STREET ADDRESS **P.O. Box 366879**
CITY - ST - ZIP **Bonita Springs, FL 34136**

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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: *[Signature]* **Thomas J. Kelly, Secretary, 1/31/00** (941) 992-9476

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)