

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0018347 AB

DOCUMENT # A95000001410

1. Entity Name
NAPLES PLAZA LIMITED PARTNERSHIP



FILED

03 MAR 28 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
626 GULF SHORE BLVD. SOUTH
NAPLES FL 34102

Mailing Address
P.O. BOX 893
BLOOMFIELD HILLS MI 48034

2. Principal Place of Business
800 SEAGATE DRIVE

3. Mailing Address

Suite, Apt. #, etc.
SUITE 302

Suite, Apt. #, etc.

City & State
NAPLES, FL

City & State

Zip
34103

Country

Zip

Country

4. FEI Number 65-0613362

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARONOFF, JANET Y
626 GULF SHORE BLVD. SOUTH
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name

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

800 SEAGATE DRIVE SUITE 302
City NAPLES FL Zip Code 34103

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. \$100.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # P95000072293
NAME NAPLES PLAZA, INC.
STREET ADDRESS 626 GULF SHORE BLVD. SOUTH
CITY-ST-ZIP NAPLES FL 34102

STREET ADDRESS 800 SEAGATE DRIVE SUITE 302
CITY-ST-ZIP NAPLES, FL

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP 800014845448
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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 or 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
ARNOLD Y. ARONOFF

1-8-03 248-642-0190

Date

Daytime Phone #

CR2E003 (10/02)