

# 2000 UNIFORM BUSINESS REPORT (UBR)

<b>DOCUMENT # A95000001424</b>			
1. Entity Name <b>OLDE FLORIDA INVESTMENTS, LTD.</b>			
Principal Place of Business 12425 UNION ROAD NAPLES FL 34114		Mailing Address 12425 UNION ROAD NAPLES FL 34114-9626	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  <b>WOLFF, CASEY ESQ. % PAULICH, SLACK &amp; WOLFF, P.A. 2150 GOODLETTE ROAD, 6TH FLOOR NAPLES FL 33940</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	

**FILED**  
**00 JAN 19 PM 12:11**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0609353** | Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$36,000.00** 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 # NAME STREET ADDRESS CITY - ST - ZIP	<b>P95000071581 OLDE FLORIDA INVESTMENTS, INC. 12425 UNION ROAD NAPLES FL 34114</b>	STREET ADDRESS CITY - ST - ZIP	<b>700003117657-4 -02/01/00--01033--014 ***340.75 ***340.75 252.00-LP</b>
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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, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:**  **Signature and Typed or Printed Name of General Partner** **Jan 8/2000** **941-642-534**