

2001 UNIFORM BUSINESS REPORT (UBR)

0010878 AF

DOCUMENT # **A95000002030**

1. Entity Name

ERICKSEN/POINTE PARTNERSHIP, LTD.

FILED

01 APR 27 AM 11:52

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**6326 TRAIL BOULEVARD
NAPLES FL 34108**

Mailing Address

**6326 TRAIL BOULEVARD
NAPLES FL 34108**

2. Principal Place of Business

2223 Trade Center Way

3. Mailing Address

2223 Trade Center Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Naples, FL

City & State
Naples, FL

Zip
34109

Country
USA

Zip
34109

Country
USA

4. FEI Number

65-0631996

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ERICKSEN, GROVER G

**~~6326 TRAIL BOULEVARD~~ 2223 Trade Center Way
NAPLES FL ~~34108~~ 34109**

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.

\$1,750,000.00

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 this form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **K08738**
NAME **ERICKSEN COMMUNITIES, INC.**
STREET ADDRESS **6326 TRAIL BOULEVARD**
CITY-ST-ZIP **NAPLES FL 34108**

STREET ADDRESS **2223 Trade Center Way**
CITY-ST-ZIP **Naples, FL 34109**

DOCUMENT # **ERICKSEN, GROVER G**
NAME **6326 TRAIL BOULEVARD**
STREET ADDRESS **NAPLES FL 34108**

STREET ADDRESS **2223 Trade Center Way**
CITY-ST-ZIP **Naples, FL 34109**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

400004219224--1

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

**-05/15/01--01020--020
****526.25 ****526.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

CR2E003 (11/00)

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

Date

Daytime Phone #

4/25/01

941 566 3355