

2001 UNIFORM BUSINESS REPORT (UBR)

0015059 AF

DOCUMENT # A96000000058

1. Entity Name
TUTTLE RETAIL ASSOCIATES, LTD.

FILED

01 FEB 19 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**2815 PROCTOR ROAD
SARASOTA FL 34277**

Mailing Address
**P.O. BOX 5335
SARASOTA FL 34277**

2. Principal Place of Business 2033 Wood St.		3. Mailing Address P.O. Box 5335	
Suite, Apt. #, etc. Suite 118		Suite, Apt. #, etc.	
City & State Sarasota, FL		City & State Sarasota, FL	
Zip 34237	Country USA	Zip 34277	Country USA

4. FEI Number 65-0655407	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GULF COAST PROPERTY SERVICES, INC.
2815 PROCTOR ROAD
SARASOTA FL 34277**

7. Name and Address of New Registered Agent

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 *T.C. & John* (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$990.00**

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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	H80044 GULF COAST PROPERTY SERVICES, INC. 2815 PROCTOR ROAD SARASOTA FL 34277
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	2033 Wood St., Suite 118
CITY-ST-ZIP	Sarasota, FL 34237
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	300003745803--8
CITY-ST-ZIP	-02/21/01--01096--001
	****[41.25] ****[41.25]
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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: *T.C. & John* **SIGNATURE REQUIRED** **2/9/01** **941-923-2114**

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

CR2E003 (11/00)