

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000000180

1. Entity Name

SRG/TREASURE I LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -1 PM 1:33

Principal Place of Business

Mailing Address

3501 S.W. CORPORATE PARKWAY
PALM CITY FL 34990

3501 S.W. CORPORATE PARKWAY
PALM CITY FL 34990-8150



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3399 PGA Blvd.

3399 PGA Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 450

Suite 450

City & State

City & State

PBG, FL

PBG, FL

Zip

Country

Zip

Country

33410

U.S.

33410

U.S.

4. FEI Number

65-0639298

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

Name

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

3399 PGA Blvd.

Suite 450

City PBG

FL

Zip Code

33410

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 based on printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/20/00

DATE

9. Capital Contributions
as Shown on record.

\$800,000.00

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 # L96000000115
NAME SRG/TREASURE I GP L.C.
STREET ADDRESS 3501 S.W. CORPORATE PARKWAY
CITY - ST - ZIP PALM CITY FL 34990

STREET ADDRESS 3399 PGA Blvd., Suite 450
CITY - ST - ZIP PBG, FL 33410

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

400003284464--S
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****576.25 ****526.25

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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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER

DAVID DEAN

4/20/00

561-630-6111
Daytime Phone #

\$526.25-AR