

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000000526

1. Entity Name

FLORDECO, LTD.

FILED

Apr 21 2000 8:00 am

Secretary of State

Principal Place of Business

3591 FOWLER STREET  
FT. MYERS FL 39901

Mailing Address

P.O. BOX 6966  
FORT MYERS FL 33911-6966



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0671467

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CRONIN, THOMAS R SR.  
3591 FOWLER STREET  
FT. MYERS FL 39901

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

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

\$1,019,500.00

10. Amount of Capital Contributions  
in FLORIDA to date

17820,000

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 # P95000081349  
NAME INVESTORS TRUST, INC.  
STREET ADDRESS 3591 FOWLER STREET  
CITY - ST - ZIP FT. MYERS FL 39901

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

800003225738--0

-04/26/00--01100--030

\*\*\*2285.00 \*\*\*535.00

STREET ADDRESS

CITY - ST - ZIP

FF 526.25

aus 8.75

STREET ADDRESS

CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

INVESTORS TRUST

3/15/00 941-936-8888

Daytime Phone #

CR2E003 (9/99)