

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000000756**

1. Entity Name

5642 ENTERPRISE, LTD.

FILED

00 JAN 28 PM 1:26

Principal Place of Business

**6719 WINKLER RD., STE. 121
FORT MYERS FL 33919**

Mailing Address

**6719 WINKLER RD., STE. 121
FORT MYERS FL 33919-7200**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0696384

Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

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

LUMSDEN, DENNIS J

**6719 WINKLER RD., STE. 121
FORT MYERS FL 33919**

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.

\$158,400.00

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 #

P96000033741

NAME

ENTERPRISE VENTURES, INC.

STREET ADDRESS

6719 WINKLER RD., STE. 121

CITY - ST - ZIP

FORT MYERS FL 33919

STREET ADDRESS

CITY - ST - ZIP

700003118157-1

02/01/00 01058-009

******526.25 ****526.25**

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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 of Lynne C. Taylor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

LYNNE C. TAYLOR, VP 1-25-00

941-489-1774

Date

Daytime Phone #