

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000001571**

1. Entity Name
TANGLEWOOD ASSOCIATES OF LAKE COUNTY LIMITED PAR

Principal Place of Business
**951 6TH AVENUE WEST
BRADENTON FL 34205**

Mailing Address
**251 6TH AVENUE WEST
BRADENTON FL 34205-8820**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 25 AM 3:05



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9021 Town Center Pkwy

3. Mailing Address
9021 Town Center Pkwy

Suite, Apt. #, etc.

City & State
Bradenton, FL

City & State
Bradenton, FL

Zip
34202

Country
USA

Zip
34202

Country
USA

4. FEI Number **65-0688662**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**GRAUS, KIMBERLY L
351 6TH AVENUE WEST
BRADENTON FL 34205**

7. Name and Address of New Registered Agent
Name **Kimberly Graus**
Street Address (P.O. Box Number is Not Acceptable)
9021 Town Center Parkway
City **Bradenton** FL Zip Code **34202**

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 **Kimberly L Graus** **4-18-00**
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. **\$300.00**

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 # NAME STREET ADDRESS CITY - ST - ZIP	P96000069906 SM-TANGLEWOOD, INC. 951 6TH AVENUE WEST BRADENTON FL 34205	STREET ADDRESS CITY - ST - ZIP	9021 Town Center Parkway Bradenton, FL 34202
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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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **Kimberly L Graus** **4-18-00** **(941) 807-8788**
Signature typed or printed name of signing general partner Date Daytime Phone #

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CR2E003 (3/94)