

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000001934**

1. Entity Name

EAGLE RIDGE LAKES DEVELOPMENT, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 28 AM 10:14

Principal Place of Business

**4158 LORRAINE AVE.
NAPLES FL 34104**

Mailing Address

**4158 LORRAINE AVE.
NAPLES FL 34104-4737**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0723616

Applied For

Not Applicable

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

SIESKY, JAMES H

1000 N. TAMiami TRAIL, SUITE 201

NAPLES FL 34102

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.

\$1,134,020.60

10. Amount of Capital Contributions
in FLORIDA to date.

1,134,020.60

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 # **P95000075954**
NAME **F C PROPERTIES, INC.**
STREET ADDRESS **4158 LORRAINE AVENUE**
CITY - ST - ZIP **NAPLES FL 34104**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT # **P95000075948**
NAME **OSPREY PROPERTIES, INC.**
STREET ADDRESS **1500 OSPREY AVENUE**
CITY - ST - ZIP **NAPLES FL 34112**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT # **649458**
NAME **R.H. OF NAPLES, INC.**
STREET ADDRESS **4500 EXECUTIVE DRIVE**
CITY - ST - ZIP **NAPLES FL 34119**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
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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:

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

Date

Daytime Phone #

2/21/00

(941) 643-5053