

# 2001 UNIFORM BUSINESS REPORT (UBR)

0010776 AF

DOCUMENT # **A96000001934**

1. Entity Name

**EAGLE RIDGE LAKES DEVELOPMENT, LTD.**

Principal Place of Business

**4158 LORRAINE AVE.  
NAPLES FL 34104**

Mailing Address

**4158 LORRAINE AVE.  
NAPLES FL 34104**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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.

**1134020.60**

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

**200003744822--0**

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

STREET ADDRESS

CITY-ST-ZIP

**02/21/01 01032 011**  
**\*\*\*526.25 \*\*\*526.25**

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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

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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:

**SM. NATURAL FRANK W. COOPER, Pres.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**2/12/01 (941) 643-5053**

Date

Daytime Phone #

**FC Properties, Inc. GP**

CP2E003 (11/00)

**FILED**  
**01 FEB 15 AM 11:58**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE