

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000002007

1. Entity Name

SAN-CAP MANAGEMENT GROUP LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -3 PM 1:33

Principal Place of Business

9470 BALSA COURT
SANIBEL FL 33957

Mailing Address

9470 BALSA COURT
SANIBEL FL 33957-4227



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

618 N. YACHTSMAN
Suite, Apt. #, etc.

3. Mailing Address

618 N. YACHTSMAN
Suite, Apt. #, etc.

City & State

SANIBEL FLORIDA

City & State

SANIBEL FLORIDA

4. FEI Number

59-1891140

Applied For

Not Applicable

Zip

33957

Country

USA

Zip

33957

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEGENNARO, CATHERINE M
9470 BALSA COURT
SANIBEL FL 33957

7. Name and Address of New Registered Agent

Name

CATHERINE DEGENNARO
Street Address (P.O. Box Number is Not Acceptable)
618 NORTH YACHTSMAN DR.

City

SANIBEL

FL

Zip Code

33957

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.

\$40,000.00

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

DOCUMENT # P96000087006
NAME CAPTIVA ISLAND INN, INC.
STREET ADDRESS 9470 BALSA COURT
CITY - ST - ZIP SANIBEL FL 33957

DOCUMENT #
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STREET ADDRESS
CITY - ST - ZIP

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DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

600003287436--8

STREET ADDRESS

CITY - ST - ZIP

06/13/00--01078--005

****368.75 ****368.75

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

941 3954366
4/25/2000
Date Daytime Phone #