

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A97000000225**

1. Entity Name  
**CORAL VILLAGE, LTD.**

Principal Place of Business  
1430 S.E. 16TH PLACE  
UNIT B  
CAPE CORAL FL 33990

Mailing Address  
1430 S.E. 16TH PLACE  
UNIT B  
CAPE CORAL FL 33990-3819

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG 14 AM 10:02



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

4. FEI Number **65-0721227** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**ARNOLD, BOWEN A**  
**1520 ROYAL PALM SQUARE BLVD.**  
**SUITE 360**  
**FORT MYERS FL 33919**

7. Name and Address of New Registered Agent  
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]* DATE **3-22-00**

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. **\$2,223,569.00**

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 # NAME STREET ADDRESS CITY - ST - ZIP	<b>N95000001649</b> <b>CAPE CORAL HOUSING REHABILITATION&amp;DEV CORP</b> <b>2911 DEL PRADO BLVD.</b> <b>CAPE CORAL FL 33904</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>V26828</b> <b>HARDING CONSTRUCTION SERVICES, INC.</b> <b>5544 FAIRFAX STREET</b> <b>ORLANDO FL 32812</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
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13. ADDRESS CHANGES ONLY

STREET ADDRESS CITY - ST - ZIP	<b>1430 S.E. 16th Place, Unit B</b> <b>Cape Coral, Florida 33990</b>
STREET ADDRESS CITY - ST - ZIP	<b>100003367921--7</b> <b>-08/23/00--01004--009</b> <b>****526.25 ****526.25</b>
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 REQUIRED** *[Signature]* DATE **04/23/00** DAYTIME PHONE # **941 295 8079**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/98)