

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000000307

1. Entity Name

MARTINIQUE PARTNERS, LTD.

Principal Place of Business

850 SOUTH COLLIER AVE., #1701
MARCO ISLAND FL 33937

Mailing Address

P.O. BOX 1550
MARCO ISLAND FL 34146-1550

2. Principal Place of Business

P.O. Box 1550

3. Mailing Address

Suite, Apt. #, etc.

City & State

MARCO ISLAND FL

City & State

Zip

34146

Country

USA

Country

4. FEI Number

65-0733945

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GLAS, RONALD L

850 SOUTH COLLIER AVE., #1701

MARCO ISLAND FL 33937

7. Name and Address of New Registered Agent

Name

GLAS RONALD L

Street Address (P.O. Box Number is Not Acceptable)

402 11th St North

City

NAPLES

FL

Zip Code

34102

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.

RONALD L. GLAS

(NOTE: Registered Agent signature required when reinstating)

DATE

1/5/00

9. Capital Contributions
as Shown on record.

\$1,000.00

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 # P95000043260
NAME BARFIELD BAY PROPERTIES, INC.
STREET ADDRESS 850 SOUTH COLLIER AVE., #1701
CITY - ST - ZIP MARCO ISLAND FL 33937

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

P.O. Box 1550

CITY - ST - ZIP

MARCO ISLAND FL 34146

STREET ADDRESS

CITY - ST - ZIP

100003153401--8

-03/01/00--01094--015

****141.25 ****141.25

STREET ADDRESS

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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

Date

Daytime Phone #

1/5/00 941 642393

CR2E003 (9/99)

FILED
00 FEB 10 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE