

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000538**

1. Entity Name

CALUSA PALMS LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 25 AM 3:05

Principal Place of Business

~~951 6TH AVENUE WEST~~
BRADENTON FL 34205

Mailing Address

~~951 6TH AVENUE WEST~~
BRADENTON FL 34205-8820

2. Principal Place of Business

9021 Town Center Pkwy
Suite, Apt. #, etc.

3. Mailing Address

9021 Town Center Pkwy
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Bradenton, FL

City & State

Bradenton, FL

4. FEI Number

65-0743599

Applied For

Not Applicable

Zip

34202

Country

USA

Zip

34202

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRAUS, KIMBERLY L
351 6TH AVENUE WEST
BRADENTON FL 34205

7. Name and Address of New Registered Agent

Name **Kimberly L. Graus**
Street Address (P.O. Box Number is Not Acceptable)

9021 Town Center Parkway
City **Bradenton** **FL** Zip Code **34202**

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.

\$6,000.00

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 # **P97000006393**
NAME **SM-CALOOSA PALMS, INC.**
STREET ADDRESS **351 6TH AVENUE WEST**
CITY - ST - ZIP **BRADENTON FL 34205**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **9021 Town Center Parkway**
CITY - ST - ZIP **Bradenton, FL 34202**

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)

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