

DOCUMENT # A97000000551

1. Entity Name

SWFRI @ GLADIOLUS, LTD.

Principal Place of Business

1500 COLONIAL BLVD
FORT MYERS FL 33907

Mailing Address

1500 COLONIAL BLVD
FORT MYERS FL 33907-1081

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

5245 Ramsey Way

3. Mailing Address

5245 Ramsey Way

Suite, Apt. #, etc.

8

Suite, Apt. #, etc.

8

City & State

Ft Myers FL

City & State

Ft Myers FL

Zip

33907

Country

Zip

33907

Country

4. FEI Number

65-0738451

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

YORK, RONALD W

1500 COLONIAL BLVD 102
FORT MYERS FL 33907

7. Name and Address of New Registered Agent

Name

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

5245 Ramsey Way #8

City

Ft Myers

FL

Zip Code

33907

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.

\$350,000.00

10. Amount of Capital Contributions
in FLORIDA to date.11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATIONA 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 # P95000096306
NAME SWFRI OF CAPE CORAL, INC.
STREET ADDRESS 1500 COLONIAL BLVD SE 102
CITY - ST - ZIP FORT MYERS FL 33907

13. ADDRESS CHANGES ONLY

STREET ADDRESS

5245 Ramsey Way #8

CITY - ST - ZIP

Ft Myers FL 33907

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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

4-27-01

Date

941-936-5556 ext 14

-Daytime Phone #