

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000551**

1. Entity Name

SWFRI @ GLADIOLUS, LTD.

FILED

526.25

02 APR -1 PM 12: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**5245 RAMSEY WAY, #8
FORT MYERS FL 33907**

**5245 RAMSEY WAY, #8
FORT MYERS FL 33907**



2. Principal Place of Business

3. Mailing Address

**5245 Ramsey Way
Suite 9**

**5245 Ramsey Way
Suite 9**

City & State

City & State

Fort Myers, FL

Fort Myers, FL

Zip

Country

Zip

Country

33907

33907

DUE BY MAY 1, 2002

4. FEI Number

65-0738451

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**YORK, RONALD W
5245 RAMSEY WAY, #8
FORT MYERS FL 33907**

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, typed or printed name of registered agent and title if applicable.

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 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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P95000096306**
NAME **SWFRI OF CAPE CORAL, INC.**
STREET ADDRESS **5245 RAMSEY WAY, #8**
CITY-ST-ZIP **FORT MYERS FL 33907**

STREET ADDRESS

CITY-ST-ZIP

100005194751--2

04/05/02--01029--004

*****526.25 ***526.25**

DOCUMENT #
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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/14/02

941-936-5556 x19

Date

Daytime Phone #

0014592 AT

CR2E003 (9/01)

STAPLE CHECK HERE