

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000000915

1. Entity Name

CITY CENTER OF CHARLOTTE COUNTY, LTD.

Principal Place of Business

510 KEITH POINTE DRIVE
SARASOTA FL 34236

Mailing Address

510 KEITH POINTE DRIVE
SARASOTA FL 34230-5565

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG -4 PM 1:25



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1600 Tamiami Trail
Suite, Apt. #, etc.
#102

3. Mailing Address

1600 Tamiami Trail
Suite, Apt. #, etc.
#102

City & State

Port Charlotte, FL

City & State

Port Charlotte, FL

4. FEI Number

65-0747297

Applied For

Not Applicable

Zip

33948

Country

USA

Zip

33948

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRIGGS, DAVID B
510 KEITH POINTE DRIVE
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name

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

1600 Tamiami Trail, #102

City

Port Charlotte

FL

Zip Code

33948

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.

\$1,800,000.00

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 # P95000029727
NAME SPHINX INVESTMENTS OF SARASOTA, INC.
STREET ADDRESS 510 KEITH POINTE DRIVE
CITY - ST - ZIP SARASOTA FL 34236

DOCUMENT #
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CITY - ST - ZIP

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

1600 Tamiami Trail, #102

CITY - ST - ZIP

Port Charlotte, FL 33948

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)