

# 2001 UNIFORM BUSINESS REPORT (UBR)

001128 AF

DOCUMENT # A97000000915

1. Entity Name

CITY CENTER OF CHARLOTTE COUNTY, LTD.

Principal Place of Business

1600 TAMiami TRAIL, #102  
PORT CHARLOTTE FL 33948

Mailing Address

1600 TAMiami TRAIL, #102  
PORT CHARLOTTE FL 33948

FILED

01 MAY -2 AM 11:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

3565 Mistletoe Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Longboat Key, FL

4. FEI Number

65-0747297

Applied For

Not Applicable

Zip

Country

Zip

Country

34228

USA

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

BRIGGS, DAVID B

1600 TAMiami TRAIL, #102

PORT CHARLOTTE FL 33948

Name

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

3565 Mistletoe Lane

City

Longboat Key

FL

Zip Code

34228

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.

(NOT: Registered Agent's 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

13. ADDRESS CHANGES ONLY

DOCUMENT # P95000029727  
NAME SPHINX INVESTMENTS OF SARASOTA, INC.  
STREET ADDRESS 1600 TAMiami TRAIL, #102  
CITY-ST-ZIP PORT CHARLOTTE FL 33948

STREET ADDRESS 3565 Mistletoe Lane  
CITY-ST-ZIP Longboat Key, FL 34228

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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

Day/Month/Phone #

CR2E003 (11/00)