

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000001029**

1. Entity Name

TWINEAGLES MANAGEMENT, LTD.

Principal Place of Business

**4099 TAMiami TRAIL NORTH, SUITE 301
NAPLES FL 34103**

Mailing Address

**4099 TAMiami TRAIL NORTH, SUITE 301
NAPLES FL 34103-3548**

2. Principal Place of Business

11330 TWINEAGLES BLVD

Suite, Apt. #, etc.

3. Mailing Address

11330 TWINEAGLES BLVD.

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

NAPLES FL

Zip

34120

Country

Zip

34120

Country

4. FEI Number

59-3447064

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CLASP INC.
C/O CUMMINGS & LOCKWOOD
3001 TAMiami TRAIL NORTH
NAPLES FL 34103**

7. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$7,500.00

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 # **P97000038560**
NAME **TWINEAGLES DEVELOPMENT, INC.**
STREET ADDRESS **4099 TAMiami TRAIL NORTH, SUITE 301**
CITY - ST - ZIP **NAPLES FL 34103**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

11330 TWINEAGLES BLVD

CITY - ST - ZIP

NAPLES FL 34120

STREET ADDRESS

CITY - ST - ZIP

600003296166--0

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

PRESIDENT OF TWINEAGLES DEVELOPMENT, INC.

4/27/00

Date

Daytime Phone #

1-22EDC 3 (9/99)

FILED

00 JUN -2 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE