

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0004787
AV

DOCUMENT # **A97000001631**

1. Entity Name

MILLS ASSOCIATES OF SARASOTA, LTD.

02 APR -8 PM 3: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**786 S. ORANGE AVE.
SARASOTA FL 34236**

Mailing Address
**786 S. ORANGE AVE.
SARASOTA FL 34236**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number
65-0793019

Applied For
Not Applicable

Zip Country

Zip Country

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

**GEBHARD, H. DIETER CPA
635 S. ORANGE AVENUE, SUITE 10
SARASOTA FL 34236**

Name **MARGARET SHOAF**
Street Address (P.O. Box Number is Not Acceptable)
2100 S. TAMiami TRAIL, STE 200
City **SARASOTA** FL Zip Code **34239**

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]* **MARGARET SHOAF** DATE **03-29-02**

9. Capital Contributions as Shown on record. **\$910,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **910,000**

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 # **P97000063529**
NAME **MILLS ASSOCIATES OF SOUTHWEST FLA., INC.**
STREET ADDRESS **786 S. ORANGE AVE.**
CITY-ST-ZIP **SARASOTA FL 34236**

STREET ADDRESS
CITY-ST-ZIP **000005234460--3**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP **000005234460--3**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP **04/10/02 01016 009**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP *****526.25 ***526.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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

3-28-02 941-366-3661
Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE