

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0004859 AV

DOCUMENT # A97000001653

1. Entity Name
VENICE GATEWAY PROPERTIES, LTD.



FILED
03 APR 25 PM 4:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
% JAMES L. TURNER
200 S. ORANGE AVE.
SARASOTA FL 34236

Mailing Address
% JAMES L. TURNER
200 S. ORANGE AVE.
SARASOTA FL 34236



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 59-3465060

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

TURNER, JAMES L
200 S. ORANGE AVENUE
SARASOTA FL 34236

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. I am familiar with, and accept the obligations of registered agent.

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

DATE

9. Capital Contributions as Shown on record. \$1,500,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # P97000065020
NAME VENICE NORTHGATE, INC.
STREET ADDRESS % 200 S. ORANGE AVENUE
CITY-ST-ZIP SARASOTA FL 34236

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT # H80044
NAME GULF COAST PROPERTY SERVICES, INC.
STREET ADDRESS 4600 CAMINO REAL
CITY-ST-ZIP SARASOTA FL 34231

STREET ADDRESS
CITY-ST-ZIP

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DOCUMENT #
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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: *James L. Turner* *General Partner* *Inc. General Partner* *3/14/03* *941 366 4860*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER _____
Daytime Phone # _____

CR2E003 (10/02)