

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001916

1. Entity Name

DOJESTDA LIMITED PARTNERSHIP

Principal Place of Business

2033 MAIN STREET
SARASOTA FL 34237

Mailing Address

200 WASHINGTON BLVD. S.
SUITE #4
SARASOTA FL 34236-6957



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

MA-CON, INC.
2198 Princeton St., #20
Sarasota, FL 34237

4. FEI Number

65-0823583

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HANKIN, LAWRENCE M ESQ
2033 MAIN STREET
SUITE 400
SARASOTA FL 34237

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.

\$5,500,000.00

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 #

NAME

STREET ADDRESS

CITY - ST - ZIP

ROBERT L. KANTOR, TRUSTEE
2111 BEE RIDGE ROAD
SARASOTA FL 34239

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

RONA E. KANTOR, TRUSTEE
2111 BEE RIDGE ROAD
SARASOTA FL 34239

DOCUMENT #

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NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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FILED
MAY -1 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 #

ROBERT KANTOR 6/28/00 (941) 925 8688

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