

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002217**

1. Entity Name

MID-CAPE, LTD.

FILED

02 APR 11 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**C/O LEVAN ASSET MANAGEMENT CORP.
2159 ANDREA LANE, D-4
FT. MYERS FL 33912**

Mailing Address

**C/O LEVAN ASSET MANAGEMENT CORP.
2159 ANDREA LANE, D-4
FT. MYERS FL 33912**



2. Principal Place of Business

C/O LeVan Asset Management Corp

3. Mailing Address

C/O LeVan Asset Management Corp

Suite, Apt. #, etc.

8250 College Pkwy #201

Suite, Apt. #, etc.

8250 College Pkwy #201

City & State

FT. MYERS, FL 33919

City & State

FT. MYERS FL 33919

Zip

Country

USA

Zip

Country

USA

DUE BY MAY 1, 2002

4. FEI Number

65-0788266

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVAN, TERRIS T

2159 ANDREA LANE, UNIT D-4

FT. MYERS FL 33912

7. Name and Address of New Registered Agent

Name

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

8250 College Pkwy #201

City

FT. MYERS

FL

Zip Code

33919

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.

DATE

9. Capital Contributions

\$158,400.00

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 # **P97000087646**
NAME **K-L ENTERPRISES OF SOUTH FLORIDA, INC.**
STREET ADDRESS **2159 ANDREA LANE, UNIT D-4**
CITY-ST-ZIP **FT. MYERS FL 33912**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

8250 College Pkwy #201

CITY-ST-ZIP

FT. MYERS FL 33919

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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

President of K-L Enterprises of South Florida, Inc.

LEVAN

4/5/02

941-482-4580

Date

Daytime Phone #

CR2E003 (9/01)

0014686 AT