

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002273**

1. Entity Name

POINTE WEST PARTNERSHIP, LTD.

Principal Place of Business

**6015 POINTE WEST BLVD.
BRADENTON FL 34209**

Mailing Address

**6015 POINTE WEST BLVD.
BRADENTON FL 34209**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

02 APR 25 PM 1:10

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DUE BY MAY 1, 2002

4. FEI Number

65-0790485

Applied For

Not Applicable

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

**TREY TALLY
6015 POINTE WEST BLVD.
BRADENTON FL 34209**

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.

DATE

9. Capital Contributions
as Shown on record.

\$54,227.25

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P97000072322**
NAME **MUSCULOSKELETAL MGT SERVICES ORGANIZATION**
STREET ADDRESS **6015 POINTE WEST BLVD.**
CITY-ST-ZIP **BRADENTON FL 34209**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CR2E003 (9/01)

0015283 AT

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:

WILLIAM J. STURGES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04/23/02 (941) 782-0200 Ext. 1157
Date Daytime Phone #