

2002 UNIFORM BUSINESS REPORT (UBR)

0016490 AT

DOCUMENT # **A97000002789**

1. Entity Name

SOUTHBEND VENTURES, LTD.

LF

FILED

02 APR 25 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**5290 HIATUS ROAD
SUNRISE FL 33351**

Mailing Address

**401 EAST OCEAN BLVD.
STUART FL 34994**

2. Principal Place of Business

3. Mailing Address

32C SE Osceola St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Stuart, FL

Zip

Country

Zip

Country

34994

DUE BY MAY 1, 2002

4. FEI Number

65-0812942

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

**VITALE, STEVEN G
401 EAST OCEAN BLVD.
STUART FL 34994**

Name

Vitale, Steven G.

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

32C SE Osceola St.

City

Stuart

FL

Zip Code

34994

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.

Steven G. Vitale

4/1/02

DATE

9. Capital Contributions
as Shown on record.

\$2,500,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P97000106609**
NAME **PSL INVESTORS, INC.**
STREET ADDRESS **5290 HIATUS ROAD**
CITY-ST-ZIP **SUNRISE FL 33351**

STREET ADDRESS

CITY-ST-ZIP

600005419646--8

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*******526.25 *****526.25**

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/4/02

CR2E003 (9/01)