

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000159

1. Entity Name

AMERICAN INVESTMENTS OF SARASOTA, LTD.

Principal Place of Business

1642 BAYWOOD WAY  
SARASOTA FL 34231

Mailing Address

1642 BAYWOOD WAY  
SARASOTA FL 34231

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY SEPTEMBER 25, 2002

4. FEI Number 65-0808325

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

DARNELL, ROBERT W  
2033 MAIN STREET, SUITE 400  
SARASOTA FL 34237

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.

\$449,410.00

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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AIDLIN, SAMUEL S  
1642 BAYWOOD WAY  
SARASOTA FL 34231

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AIDLIN, STEPHEN H  
1642 BAYWOOD WAY  
SARASOTA FL 34231

STREET ADDRESS  
CITY-ST-ZIP

500007601865--9  
-09/09/02--01065--009  
\*\*\*\*926.25 \*\*\*\*926.25

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AIDLIN, MARY K  
1642 BAYWOOD WAY  
SARASOTA FL 34231

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
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CR2E003 (4/02)

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]* 8/8/02

Date

Daytime Phone #

941924 964