

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A98000000316

1. Entity Name

SHERIDAN PLACE OF BRADENTON LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -7 AM 10:14

Principal Place of Business
5700 S.W. 34TH STREET, SUITE 1307
GAINESVILLE FL 32608

Mailing Address
5700 S.W. 34TH STREET, SUITE 1307
GAINESVILLE FL 32608-5371



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 62-1727452
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DAVIS, RONNIE C
5700 S.W. 34TH STREET, SUITE 1307
GAINESVILLE FL 32608

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. \$100.00

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 #	DAVIS, RONNIE C
NAME	5700 S.W. 34TH STREET, SUITE 1307
STREET ADDRESS	GAINESVILLE FL 32608
CITY - ST - ZIP	
DOCUMENT #	DAVIS, STEFAN M
NAME	5700 S.W. 34TH STREET, SUITE 1307
STREET ADDRESS	GAINESVILLE FL 32608
CITY - ST - ZIP	
DOCUMENT #	A95000000823
NAME	DAVIS HERITAGE LTD.
STREET ADDRESS	5700 S.W. 34TH STREET, SUITE 1307
CITY - ST - ZIP	GAINESVILLE FL 32608
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/4/00
Date

Daytime Phone #

CR2E003 (9/99)