

2001 UNIFORM BUSINESS REPORT (UBR)

0007078 AF

DOCUMENT # **A98000000809**

1. Entity Name

FOUNTAINS AT ST. LUCIE WEST, LTD

FILED

01 APR 23 AM 10:45

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**801 UNO LAGO DRIVE
JUNO BEACH FL 33408**

Mailing Address

**801 UNO LAGO DRIVE
JUNO BEACH FL 33408**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0823596

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GRAZIOTTO, RAYMOND
801 UNO LAGO DRIVE
JUNO BEACH FL 33408**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record

\$3,149,740.00

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 # **P98000029455**
NAME **FOUNTAINS AT ST LUCIE WEST, INC.**
STREET ADDRESS **801 UNO LAGO DRIVE**
CITY-ST-ZIP **JUNO BEACH FL 33408**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **M63524**
NAME **BANK ATLANTIC VENTURE PARTNERS 4, INC.**
STREET ADDRESS **1750 E SUNRISE BOULEVARD**
CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

STREET ADDRESS

CITY-ST-ZIP

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******\$26.25 ****\$26.25**

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 N. Taylor** REQUIRED TAX/OL (C70)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-17-2001

Date

561-625-9448

Daytime Phone #

CR2E003 (11/00)