

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001002

1. Entity Name

MAYO INVESTMENTS OF SARASOTA, LTD.

Principal Place of Business  
1504 LODGE DRIVE SOUTH  
SARASOTA FL 34239

Mailing Address  
1504 LODGE DRIVE SOUTH  
SARASOTA FL 34239-5009

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG -7 AM 10:02



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0830562

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

DARNELL, ROBERT W  
2033 MAIN STREET, SUITE 406  
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.

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.

\$276,347,378.00

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: MAYO, MARY M  
STREET ADDRESS: 255 GULFSTREAM AVE. N., #206  
CITY - ST - ZIP: SARASOTA FL 34236

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME: SHAW, ALICE M  
STREET ADDRESS: 1504 LODGE DRIVE SOUTH  
CITY - ST - ZIP: SARASOTA FL 34239

STREET ADDRESS

CITY - ST - ZIP

200003354262--0  
-08/11/00--01094--014  
\*\*\*\*526.25 \*\*\*\*526.25

DOCUMENT #  
NAME: MAYO, ANDREW J  
STREET ADDRESS: P.O. BOX 3427 N/A  
CITY - ST - ZIP: KETCHUM ID 83340-3427

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME: HOBSTETTER, NANCY MCCLURE M  
STREET ADDRESS: 1121-1ST CR. PROSPECT  
CITY - ST - ZIP: ASHLAND KY 41101

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/14/00 941 951-2397

Date

Daytime Phone #

CR2 0001 (9/99)