

# 2001 UNIFORM BUSINESS REPORT (UBR)

0014269 AF

DOCUMENT # A98000001002

1. Entity Name

MAYO INVESTMENTS OF SARASOTA, LTD.

FILED

01 MAY -3 AM 11:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1504 LODGE DRIVE SOUTH  
SARASOTA FL 34239

1504 LODGE DRIVE SOUTH  
SARASOTA FL 34239

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

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 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

If applicable, (NO Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$276,847.370-00

10. Amount of Capital Contributions  
in FLORIDA to date.

197,975

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

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

0000004324070-4  
05/25/01-01099-005  
\*\*\*\*\*526.25 \*\*\*\*\*526.25

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

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CITY-ST-ZIP

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/27/01

CR2E003 (11/00)