

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001710

1. Entity Name

SARAH P. WILLIAMS, LTD.

Principal Place of Business
1509 SOUTH LODGE DRIVE
SARASOTA FL 34239-5010

Mailing Address
1509 SOUTH LODGE DRIVE
SARASOTA FL 34239-5010

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 13 PM 6:02



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

65-0850429

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

WILLIAMS, SARAH P
1509 SOUTH LODGE DRIVE
SARASOTA FL 34239-5010

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.

\$20,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

20,000,000.00

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
WILLIAMS, SARAH P
1509 SOUTH LODGE DRIVE
SARASOTA FL 34239-5010

STREET ADDRESS
CITY - ST - ZIP
700003180847--3
-03/22/00--01114--015
****526.25 ****526.25

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
COLBY, FREDERICK J
189 BERKSHIRE ROAD
SANDY HOOK CT 06482

STREET ADDRESS
CITY - ST - ZIP
Bp
3/13

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
COLBY, BENJAMIN N
425 CANTON AVENUE
MILTON MA 02186

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
PIERCE, SARAH ROB C
250 MILTON RD PO Box 977
RYE NY 10580

STREET ADDRESS
CITY - ST - ZIP
P.O. Box 977
Rye NY 10580

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:

Sarah P. Williams
SIGNATURE REQUIRED

3/9/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)