

2002 UNIFORM BUSINESS REPORT (UBR)

0016694 AT

DOCUMENT # **A98000001710**

1. Entity Name

SARAH P. WILLIAMS, LTD.

FILED

02 MAY -3 PM 3: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**1509 SOUTH LODGE DRIVE
SARASOTA FL 34239-5010**

Mailing Address

**1509 SOUTH LODGE DRIVE
SARASOTA FL 34239-5010**

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

65-0850429

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DUE BY MAY 1, 2002



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

FREDERICK J. COLBY

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.

[Signature]

4/28/02

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
**COLBY, FREDERICK J
189 BERKSHIRE ROAD
SANDY HOOK CT 06482**

STREET ADDRESS
CITY - ST - ZIP
**1509 South Lodge Drive
Sarasota, Florida 34239**

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
P.O. BOX 977
RYE NY 10580**

STREET ADDRESS
CITY - ST - ZIP
**800005577668--8
-05/21/02--01069--010
****526.25 ****526.25**

DOCUMENT #
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/28/02

Date

Daytime Phone #

CR2E003 (9/01)