

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001715**

1. Entity Name

**MARINERS COVE OF MANATEE COUNTY, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 26 AM 3:05



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**400 FRANDORSON CIRCLE, SUITE 204  
APOLLO BEACH FL 33572**

Mailing Address  
**400 FRANDORSON CIRCLE, SUITE 204  
APOLLO BEACH FL 33572-2692**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State

3. Mailing Address  
Suite, Apt. #, etc.  
City & State

4. FEI Number **59-3524135**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Zip Country Zip Country

6. Name and Address of Current Registered Agent  
**HOLDSWORTH, JOHN  
400 FRANDORSON CIRCLE, SUITE 204  
APOLLO BEACH FL 33572**

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$250,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$250,000.00**

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 #	P97000062333	STREET ADDRESS	400 Frandorson Circle, #204
NAME	MARINERS COVE DEVELOPMENT CORPORATION	CITY - ST - ZIP	Apollo Beach FL 33572
STREET ADDRESS	1111 NORTH WESTSHORE BLVD., NO. 207		
CITY - ST - ZIP	TAMPA FL 33607		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	300003260629--6
NAME		CITY - ST - ZIP	-05/19/00--01128--016
STREET ADDRESS			****526.25 ****526.25
CITY - ST - ZIP			
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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]* **John W. Holdsworth** 4/19/00 813 649 1133  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #  
*General Partner*

CR2E003 (9/99)