

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001746**

1. Entity Name

FLORIDA ART PARTNERSHIP, LTD.

Principal Place of Business

**801 LAUREL OAK DRIVE, SUITE 710
NAPLES FL 34108**

Mailing Address

**C/O J. CHRISTOPHER LOMBARDO, ESQ.
801 LAUREL OAK DRIVE, SUITE 710
NAPLES FL 34108**

2. Principal Place of Business

3200 Tamiami Trail N.

Suite, Apt. #, etc.
Suite 200

City & State
Naples, FL

Zip Country
34103 USA

3. Mailing Address

3200 Tamiami Trail N.

Suite, Apt. #, etc.
Suite 200

City & State
Naples, FL

Zip Country
34103 USA

FILED

01 APR 27 PM 12:40

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0899392**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LOMBARDO, J. CHRISTOPHER
801 LAUREL OAK DRIVE, SUITE 710
NAPLES FL 34108**

7. Name and Address of New Registered Agent

Name
J. Christopher Lombardo
Street Address (P.O. Box Number is Not Acceptable)
3200 Tamiami Trail North
Suite 200
City **Naples, FL** Zip Code **34103**

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 DATE **4/24/01**

9. Capital Contributions as Shown on record. **\$11,760.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$11,760.00**

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 this form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **P97000070165**
NAME **HISTORICAL ART MANAGEMENT, INC.**
STREET ADDRESS **801 LAUREL OAK DRIVE, SUITE 710**
CITY-ST-ZIP **NAPLES FL 34108**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **3200 Tamiami Trail North, #200**
CITY-ST-ZIP **Naples, FL 34103**

DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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: DATE **4/24/01** DAYTIME PHONE # **(941) 649-6555**

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CR2E003 (11/00)