

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001858

1. Entity Name

TRICON SARASOTA, LTD.

Principal Place of Business

C/O RICK TORRES  
313 1/2 WORTH AVENUE, SUITE B-1  
PALM BEACH FL 33480

Mailing Address

C/O RICK TORRES  
313 1/2 WORTH AVENUE, SUITE B-1  
PALM BEACH FL 33480-4669

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 26 AM 3:05



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0856099

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

B & C CORPORATE SERVICES, INC.  
MIAMI CENTER, SUITE 3000  
201 SOUTH BISCAYNE BLVD.  
MIAMI FL 33131

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.

\$3,636,900.00

10. Amount of Capital Contributions  
in FLORIDA to date.

3,636,900.00

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 # P98000067485  
NAME TRICON SARASOTA CORP.  
STREET ADDRESS 313 1/2 WORTH AVENUE, SUITE B-1  
CITY - ST - ZIP PALM BEACH FL 33480

STREET ADDRESS

CITY - ST - ZIP

100003260591--6  
-05/19/00--01128--004  
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/25/00 (561) 832-7088

CP2000 (999)