

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002387**

1. Entity Name

**TALON LAND GROUP, LTD.**

FILED

00 JUN -2 PM 4: 20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

4099 TAMiami TRAIL NORTH, SUITE 305  
NAPLES FL 34103

Mailing Address

4099 TAMiami TRAIL NORTH, SUITE 305  
NAPLES FL 34103-3548

2. Principal Place of Business

11330 TWINEAGLES BLVD.

3. Mailing Address

11330 TWINEAGLES BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

NAPLES FL

4. FEI Number

59-3538222

Applied For

Not Applicable

Zip

34120

Country

Zip

34120

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CLASP INC.  
C/O CUMMINGS & LOCKWOOD  
3001 TAMiami TRAIL NORTH, 4TH FLOOR  
NAPLES FL 34103

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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.

\$1,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

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

DOCUMENT # A97000001029  
NAME TWINEAGLES MANAGEMENT, LTD.  
STREET ADDRESS 4099 TAMiami TRAIL NORTH, SUITE 305  
CITY - ST - ZIP NAPLES FL 34103

13. ADDRESS CHANGES ONLY

STREET ADDRESS 11330 TWINEAGLES BLVD.  
CITY - ST - ZIP NAPLES, FL 34120

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

TWINEAGLES MANAGEMENT LTD,

SIGNATURE: BY SIGNATURE OF PRESIDENT OF TWINEAGLES DEVELOPMENT, INC.,

4/27/00

ITS GENERAL PARTNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #