

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000057

1. Entity Name

IMMOKALEE MAINSTREET ASSOCIATES, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR -7 AM 10: 03

Principal Place of Business

19308 SOUTHWEST 380TH ST.  
FLORIDA CITY, FL. 33034

Mailing Address

P.O. BOX 343529  
HOMESTEAD, FL. 33034

**A99000000057**

2. Principal Place of Business

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0894612

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RICHARD E. DEUTCH, JR., ESQ.  
2665 SOUTH BAYSHORE DRIVE  
SUITE 202  
MIAMI, FLORIDA 33133

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

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.

50,000

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 # P99000002950  
NAME EVERGLADES MAIN STREET VILLAGE, INC.  
STREET ADDRESS 19308 SOUTHWEST 380TH STREET  
CITY-ST-ZIP FLORIDA CITY, FL. 33034

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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CITY-ST-ZIP

~~4000003164754-4~~  
~~-03/10/00--01015--014~~  
~~\*\*\*\*\*438.75 \*\*\*\*\*438.75~~  
**4000003164754-4**  
**-03/10/00--01015--015**  
**\*\*\*\*\*8.75 \*\*\*\*\*8.75**

*hsk 3/7/00*

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: *Steven C. Kirk* Steven C. Kirk, President

3.600

305 242-2142

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #