

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000127

1. Entity Name

KANE MANAGEMENT ASSOCIATES. LTD.

FILED

01 MAR -9 PM 12:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

539 Norsota Way  
Sarasota, FL 34242

Mailing Address

539 Norsota Way  
Sarasota, FL 34242

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0892360

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Kane, Stanley  
539 Norsota Way  
Sarasota, FL 34242

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: \$3,501,531.32

10. Amount of Capital Contributions

in FLORIDA to date: \$3,501,531.32

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 #  
NAME Kane, Stanley, Trustee  
STREET ADDRESS 539 Norsota Way  
CITY-ST-ZIP Sarasota, FL 34242

STREET ADDRESS

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:

*Stanley Kane*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Stanley Kane, Trustee 02/23/01 941-346-2003

Date

Daytime Phone #

CR2E003 (11/00)