

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000490**

1. Entity Name

CAYO COSTA ASSOCIATES, LTD.

FILED

00 JAN 28 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1520 ROYAL PALM SQUARE BLVD., SUITE 360
FT. MYERS FL 33919

Mailing Address
1520 ROYAL PALM SQUARE BLVD., SUITE 360
FT. MYERS FL 33919-1053

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For
Not Applied

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLEMAN, KEVIN C. ESQ.
4001 TAMiami TRAIL NORTH, SUITE 300
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

BOWEN A. ARNOLD

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

1520-360 ROYAL PALM SQ BLDG.

City

FT MYERS, FLA

FL

Zip Code
33919

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.

BOWEN A. ARNOLD

(NOTE: Registered Agent signature required when reinstating)

01/06/00

DATE

9. Capital Contributions
as Shown on record.

\$980.00

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 # **P99000028048**
NAME **CAYO COSTA, INC.**
STREET ADDRESS **1520 ROYAL PALM SQUARE BLVD., SUITE 360**
CITY - ST - ZIP **FT. MYERS FL 33919**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

500003117045-1

-02/01/00--01033--012

******150.00 ****150.00**

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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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE: BOWEN A. ARNOLD, UP, CAYO COSTA INC, GP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

01/06/00

941 2758029