

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000521**

1. Entity Name

SALIE FAMILY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 17 AM 11:43 *rf*



DO NOT WRITE IN THIS SPACE

Principal Place of Business

C/O ROBERT D. SALIE
5151 SUN CIRCLE
SARASOTA FL 34236

Mailing Address

C/O ROBERT D. SALIE
5151 SUN CIRCLE
SARASOTA FL 34234-2733

2. Principal Place of Business

3604 Casey Key Rd.
Suite, Apt. #, etc.

3. Mailing Address

3604 Casey Key Rd.
Suite, Apt. #, etc.

City & State

Nokomis, FL

City & State

Nokomis, FL

4. FEI Number

65-0907900

Applied For

Not Applicable

Zip

Country

34275

Zip

Country

34275

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREGORIA, RIC ESQ.
C/O WILLIAMS, PARKER, ET AL
200 SOUTH ORANGE AVENUE
SARASOTA FL 34236

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.

\$1,000,000.00

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 # P99000029717
NAME AGORA USA, INC.
STREET ADDRESS 5151 SUN CIRCLE
CITY - ST - ZIP SARASOTA FL 34236

13. ADDRESS CHANGES ONLY

STREET ADDRESS

3604 Casey Key Rd.

CITY - ST - ZIP

Nokomis, FL 34275

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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:

Robert D. Salie
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/14/00

CR2E003 (9/99)