

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000780**

1. Entity Name

**CAMBA LIMITED PARTNERSHIP**

Principal Place of Business

~~2220 MARINA DRIVE~~  
~~NAPLES FL 34102~~

Mailing Address

~~2220 MARINA DRIVE~~  
~~NAPLES FL 34112-6486~~

2. Principal Place of Business

**5080 Yacht Harbor Cir.**

3. Mailing Address

**5080 Yacht Harbor Cir**

Suite, Apt. #, etc.

**#201**

Suite, Apt. #, etc.

**#201**

City & State

**Naples FL**

City & State

**Naples FL**

Zip

**34112**

Country

**USA**

Zip

**34112**

Country

**USA**

4. FEI Number

**59-3577540**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CECIL, W. JEFFREY**  
**5801 PELICAN BAY BLVD., SUITE 300**  
**NAPLES FL 34108-2709**

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.

**\$650,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**358,876**

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 #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**RECTOR, ROBERT M**  
**2220 MARINA DRIVE**  
**NAPLES FL 34102**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**RECTOR, AUDREY C**  
**232 SECOND STREET SOUTH**  
**NAPLES FL 34102**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS  
CITY - ST - ZIP

**5080 Yacht Harbor Cir #201**  
**Naples, FL 34112**

STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS  
CITY - ST - ZIP

**200003235062--9**  
**-05/02/00--01047--004**  
**\*\*\*\*526.25 \*\*\*\*526.25**

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 M. RECTOR**

**4-9-00**

Date

**941-732-9843**

Daytime Phone #