

2001 UNIFORM BUSINESS REPORT (UBR)

0014939 AF

DOCUMENT # **A99000000780**

1. Entity Name

CAMBA LIMITED PARTNERSHIP

FILED

Principal Place of Business
**5080 YACHT HARBOR CIR. #201
NAPLES FL 34112**

Mailing Address
**5080 YACHT HARBOR CIR. #201
NAPLES FL 34112**

01 MAY -2 PM 12:02

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

3. Mailing Address

232 2ND ST. SO.

232 2ND ST. S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NAPLES FL

City & State

NAPLES FL

4. FEI Number

59-3577540

Applied For

Not Applicable

Zip

34102-8614

Country

USA

Zip

34102-8614

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

(NOT 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.

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
STREET ADDRESS
CITY-ST-ZIP
**RECTOR, ROBERT M
5080 YACHT HARBOR CIR., #201
NAPLES FL 34112**

STREET ADDRESS

100004301811--7

CITY-ST-ZIP

-05/23/01--01040--006

*******526.25 *****526.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**RECTOR, AUDREY C
232 SECOND STREET SOUTH
NAPLES FL 34102**

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:

AUDREY C. RECTOR

Date

Daytime Phone #

CR2E003 (11/00)