

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001117**

1. Entity Name

NAN DAVIS VAN EVERY LIMITED PARTNERSHIP

Principal Place of Business

**1701 GROSVENOR
6001 PELICA BAY BLVD.
NAPLES FL 34108**

Mailing Address

**1701 GROSVENOR
6001 PELICA BAY BLVD.
NAPLES FL 34108**

APPROVED
AND
FILED

02 APR 10 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

59-3586916

Applied For

Not Applicable

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

**COX & NICI C/O JAMES R. NICI
3001 TAMiami TRAIL N, SUITE 100
NAPLES FL 34103**

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.

DATE

9. Capital Contributions
as Shown on record.

\$250,000.00

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 # **P99000060968**
NAME **NAN DAVIS VAN EVERY ENTERPRISES, INC.**
STREET ADDRESS **1701 GROSVENOR, 6001 PELICA BAY BLVD.**
CITY-ST-ZIP **NAPLES FL 34108**

STREET ADDRESS

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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 629, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-1-2002

Date

Daytime Phone #

CR2E003 (9/01)