

# 2002 UNIFORM BUSINESS REPORT (UBR)

0015137 AT

**DOCUMENT #** A99000001161

**1. Entity Name**  
CORAL COVE I, LTD.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 APR 15



**Principal Place of Business**  
3645 BONITA BEACH ROAD #3  
BONITA SPRINGS FL 34134

**Mailing Address**  
3645 BONITA BEACH ROAD #3  
BONITA SPRINGS FL 34134

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip Country

**DUE BY MAY 1, 2002**

**4. FEI Number** 59-3586157

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

TUYLS, JOSHUA J  
3645 BONITA BEACH ROAD #3  
BONITA SPRINGS FL 34134

**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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**9. Capital Contributions** as Shown on record. **\$100.00**

**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 #	P99000062460	STREET ADDRESS	AL
NAME	CORAL COVE I, INC.	CITY-ST-ZIP	600005293626--1
STREET ADDRESS	3645 BONITA BEACH RD #3	STREET ADDRESS	-04/18/02--01062--022
CITY-ST-ZIP	BONITA SPRINGS FL	CITY-ST-ZIP	****150.00 ****150.00
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:** \_\_\_\_\_ **4-10-02** **841-992-9833**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)