

# 2000 UNIFORM BUSINESS REPORT (UBR)

000602 AF

**DOCUMENT #** A99000001261

**1. Entity Name**  
FLORIDA BAY AT OLDE CYPRESS LIMITED PARTNERSHIP

FILED

00 OCT 31 PM 5:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

**Principal Place of Business**  
3200 BAILEY LANE, SUITE 117  
NAPLES FL 34105

**Mailing Address**  
3200 BAILEY LANE, SUITE 117  
NAPLES FL 34105

|                                       |         |                           |         |
|---------------------------------------|---------|---------------------------|---------|
| <b>2. Principal Place of Business</b> |         | <b>3. Mailing Address</b> |         |
| Suite, Apt. #, etc.                   |         | Suite, Apt. #, etc.       |         |
| City & State                          |         | City & State              |         |
| Zip                                   | Country | Zip                       | Country |

|  |   |
|--|---|
| <b>4. FEI Number</b><br>59-3589400   | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |   |

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

PRICE, R. SCOTT ESQ.  
C/O KELLY, PRICE, ET AL  
2640 GOLDEN GATE PARWAY, #315  
NAPLES FL 34105

**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. (NOTE: Registered Agent signature required when reinstating)

**9. Capital Contributions** as Shown on record \$124,000.00 **10. Amount of Capital Contributions** \$700,000.00 **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 #                      | P99000046911                      |
| NAME                            | FLORIDA BAY AT OLDE CYPRESS, INC. |
| STREET ADDRESS                  | 3200 BAILEY LANE, SUITE 117       |
| CITY-ST-ZIP                     | NAPLES FL 34105                   |
| 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           | 3000003448209-2       |
| CITY-ST-ZIP              | 11/02/00-01015-004    |
| STREET ADDRESS           | ***2276.25 ****526.25 |
| CITY-ST-ZIP              | FF 526.25             |
| STREET ADDRESS           |                       |
| CITY-ST-ZIP              |                       |
| STREET ADDRESS           |                       |
| CITY-ST-ZIP              |                       |
| STREET ADDRESS           |                       |
| CITY-ST-ZIP              |                       |
| 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:** NATURE REQUIRED **9/8/00** **941-643-6767**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (5/00)