

2000 UNIFORM BUSINESS REPORT (UBR)

03/17/00

DOCUMENT # A99000001592

1. Entity Name
SARASOTA LIFESTYLES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY -3 PM 1:33

Principal Place of Business
1423 KIMLIRA LANE
SARASOTA FL 34231

Mailing Address
1423 KIMLIRA LANE
SARASOTA FL 34231-3201



2. Principal Place of Business
1343 MAIN STREET
Suite, Apt. #, etc.
Suite 302
City & State
SARASOTA, FL
Zip
34236 Country
U.S.

3. Mailing Address
1343 MAIN STREET
Suite, Apt. #, etc.
Suite 302
City & State
SARASOTA, FL
Zip
34236 Country
U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0951653 **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent
BROWN, THOMAS
1423 KIMLIRA LANE
SARASOTA FL 34231

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
1343 MAIN STREET
Suite 302
City SARASOTA FL Zip Code 34236

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 **Thomas Brown** **4/21/00**
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. \$1,000.00 **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 #	P99000086243	STREET ADDRESS	1343 MAIN STREET
NAME	SARASOTA LIFESTYLES II, INC.	STREET ADDRESS	Suite 302
STREET ADDRESS	1423 KIMLIRA LANE	CITY-ST-ZIP	SARASOTA, FL 34236
CITY-ST-ZIP	SARASOTA FL 34231		
DOCUMENT #		STREET ADDRESS	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	000003293390--5
CITY-ST-ZIP		CITY-ST-ZIP	-06/16/00--01010--024
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NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
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: **SIGNATURE REQUIRED** **Thomas Brown** **4/21/00** **(941) 365-7334**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)