

2001 UNIFORM BUSINESS REPORT (UBR)

0011388 AF

DOCUMENT #

A99000001592

1. Entity Name

SARASOTA LIFESTYLES, LTD.

Principal Place of Business

1343 MAIN STREET, SUITE 302
SARASOTA FL 34236

Mailing Address

1343 MAIN STREET, SUITE 302
SARASOTA FL 34236

2. Principal Place of Business

1343 MAIN ST.

Suite, Apt. #, etc.

Suite 602

3. Mailing Address

1343 MAIN ST.

Suite, Apt. #, etc.

Suite 602

City & State

SARASOTA FL

City & State

SARASOTA FL

Zip

34236

Country

Zip

34236

Country

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

1343 MAIN STREET, SUITE 302

SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite 602

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.

(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

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

P99000086243
SARASOTA LIFESTYLES II, INC.
1343 MAIN STREET, SUITE 302
SARASOTA FL 34236

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

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NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

1343 MAIN ST. Suite 602
SARASOTA, FL 34236

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****141.25 ****141.25

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

5/25/01 (941)3657334

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)

FILED

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SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE