

2001 UNIFORM BUSINESS REPORT (UBR)

0010780 AF

DOCUMENT # **A99000001679**

1. Entity Name

PARKWAY PROMENADE ONE, LTD.

FILED

01 APR 30 PM 6:26

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**4100 CORPORATE SQUARE #105 116
NAPLES FL 34104**

Mailing Address

**4100 CORPORATE SQUARE #105 116
NAPLES FL 34104**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3588651**
APPLIED FOR

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

**MOORE, MICHAEL M ESQ.
PARRISH, WHITE, LAWHON & MOORE, P.A.
2171 PINE RIDGE ROAD SUITE D
NAPLES FL 34109**

Name **John T. McGowan**
Street Address (P.O. Box Number is Not Acceptable)
**4100 Corporate Sq
Suite 116**
City **Naples** FL Zip Code **34104**

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.

(NOT: Registered Agent's signature required when reinstating)

4/24/01

9. Capital Contributions as Shown on record.

\$392,500.00

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 # **998000093**
NAME **J.T.M. MANAGEMENT, INC.**
STREET ADDRESS **4100 CORPORATE SQUARE #105 116**
CITY-ST-ZIP **NAPLES FL 34104**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **800004216848--E**
CITY-ST-ZIP **-05/15/01--01051--003**
******526.25 ****526.25**

DOCUMENT #
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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 620, Florida Statutes

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)