

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000002034**

1. Entity Name

NOCATEE-MANATEE CRATE, LTD.

Principal Place of Business

**1625 CLARENDON AVE.
LAKELAND FL 33803**

Mailing Address

**1625 CLARENDON AVE.
LAKELAND FL 33803**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3597169

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BLESSING, RANDALL M
1625 CLARENDON AVE.
LAKELAND FL 33803**

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, on this statement for this year, is changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$3,319,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$3,319,000.00

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 # **P99000058127**
NAME **NOCATEE-MANATEE CRATE COMPANY, INC.**
STREET ADDRESS **1625 CLARENDON AVE.**
CITY-ST-ZIP **LAKELAND FL 33803**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

200003408332--7
09/28/00-01034-004
*****526.25 ***526.25**

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

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

RANDALL M BLESSING 7/15/00 (863) 682-8485

*Please disallow Penalty -
No first Report was
received -*

*(880) 410 1015 - 9/6
to "ATTN: \$526.25
Nanette"*



DO NOT WRITE IN THIS SPACE

CR2E003 (5/00)

FILED
SEP 20 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA