

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B92000000032

1. Entity Name

PEARL LAKE ASSOCIATES LIMITED PARTNERSHIP

Principal Place of Business

351 6TH AVE WEST  
BRADENTON FL 34205

Mailing Address

351 6TH AVE WEST  
BRADENTON FL 34205-8820

2. Principal Place of Business

9021 Town Center Pkwy  
Suite, Apt. #, etc.

3. Mailing Address

9021 Town Center Pkwy  
Suite, Apt. #, etc.

City & State

Bradenton FL

City & State

Bradenton FL

Zip

34202

Country

USA

Zip

34202

Country

USA

4. FEI Number

52-1799975

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GRAUS, KIMBERLY L  
351 6TH AVE W  
BRADENTON FL 34205

7. Name and Address of New Registered Agent

Name

Kimberly L GRAUS

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

9021 Town Center Pkwy

City

BRADENTON

FL

Zip Code

34202

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

Kimberly L Graus Kimberly L Graus 4-18-00

9. Capital Contributions  
as Shown on record.

\$880.00

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 # F92000000574  
NAME SM-PEARL LAKE, INC.  
STREET ADDRESS 351 6TH AVE WEST  
CITY- ST- ZIP BRADENTON FL 34205

13. ADDRESS CHANGES ONLY

STREET ADDRESS

9021 Town Center Pkwy

CITY- ST- ZIP

Bradenton, FL 34202

DOCUMENT #

NAME  
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CITY- ST- ZIP

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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 #

4-18-00 (941) 907-8788