

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B96000000009**

1. Entity Name

**FP BROGAN - SANIBEL ISLAND LIMITED PARTNERSHIP**

**FILED**

**00 MAY -2 PM 4: 20**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**2865 WILDERNESS PLACE  
BOULDER CO 80301**

Mailing Address

**2865 WILDERNESS PLACE  
BOULDER CO 80301-2257**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0622574**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BROGAN, SCOTT  
4606 TRAILS DRIVE  
SARASOTA FL 34232**

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$4,000.00**

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 #	NAME	STREET ADDRESS	CITY - ST - ZIP
	<b>BROGAN, SCOTT</b>	<b>4606 TRAILS DR</b>	<b>SARASOTA FL 34232</b>

STREET ADDRESS	CITY - ST - ZIP
	<b>700003287207--2</b>
	<b>06/13/00 01066 016</b>
	<b>***141.25 ***141.25</b>

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**

**2/17/00** **941-377-8245**  
Date Daytime Phone #

CR2E003 (9/99)