

2002 UNIFORM BUSINESS REPORT (UBR)

0014890 / AT

DOCUMENT # **B97000000094**

1. Entity Name

SPRINGS BLUE, L.P.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB 11 PM 2:03

Principal Place of Business

**1521 DOLPHIN LN.
NAPLES FL 34102**

Mailing Address

**1521 DOLPHIN LN.
NAPLES FL 34102**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

88-0370396

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

**BACHMANN, JACK J
1521 DOLPHIN LN.
NAPLES FL 34102**

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

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

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

13. ADDRESS CHANGES ONLY

DOCUMENT #	F97000000799	STREET ADDRESS	
NAME	CAMINO ASSOCIATES, INC.	CITY-ST-ZIP	
STREET ADDRESS	1521 DOLPHIN LN.		
CITY-ST-ZIP	NAPLES FL 34102		
DOCUMENT #		STREET ADDRESS	500004925285-6
NAME			-02/14/02--01038--001
STREET ADDRESS			*****52.50 *****52.50
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	500004925285-6
NAME			-02/14/02--01038--002
STREET ADDRESS			*****88.75 *****88.75
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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

Camino Associates, Inc. S.P.

SIGNATURE: **JACK J. BACHMANN** DATE: **1-7-02** DAYTIME PHONE: **941-417**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)