

# 2001 UNIFORM BUSINESS REPORT (UBR)

001077 AF

DOCUMENT # B97000000430

1. Entity Name

SHORES AT GULF HARBOUR LIMITED PARTNERSHIP

FILED

01 APR 26 AM 11:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

3185 HORSESHOE DRIVE SOUTH, 1ST FLOOR  
NAPLES FL 34104

3185 HORSESHOE DRIVE SOUTH, 1ST FLOOR  
NAPLES FL 34104

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3489305

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

SOLOMON, A. JACK

3185 HORSESHOE DRIVE SOUTH, 1ST FLOOR  
NAPLES FL 34104

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$5,408,096.00

10. Amount of Capital Contributions in FLORIDA to date.

\$380,454.55

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 # P96000072214  
NAME RONTO DEVELOPMENTS OF FORT MYERS, INC.  
STREET ADDRESS 3185 HORSESHOE DRIVE SOUTH, 1ST FLOOR  
CITY-ST-ZIP NAPLES FL 34104

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # M97000000477  
NAME WESTBROOK SHORES AT GULF HARBOUR, L.L.C.  
STREET ADDRESS 599 LEXINGTON AVENUE, STE. 3800  
CITY-ST-ZIP NEW YORK NY 10022

STREET ADDRESS

CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/24/01

(941)649-6310

CR2E003 (11/00)