

# 2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # B98000000139

1. Entity Name

BAYSHORE OF NAPLES, LP.

FILED

02 FEB -4 PM 3:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

1720 N. KINSER PIKE  
BLOOMINGTON IN 47404

Mailing Address

1720 N. KINSER PIKE  
BLOOMINGTON IN 47404

2. Principal Place of Business

4500 Bayshore Drive

3. Mailing Address

Suite, Apt. #, etc.

City & State

Naples FL

City & State

Zip

34112

Country

USA

Zip

Country

4. FEI Number

35-2039271

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

DVORAK, PETER  
3825 CLIPPER LANE  
NAPLES FL 34112

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 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.

\$1,000,000.00

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

DOCUMENT #	F98000001273
NAME	BAYSHORE OF NAPLES, INC.
STREET ADDRESS	1720 N. KINSER PIKE
CITY-ST-ZIP	BLOOMINGTON IN 47404
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	

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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:

*Peter Dvorak*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date 1/28/02 (812) 331-2400  
Daytime Phone #

CR2E003 (9/01)