

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B98000000684**

1. Entity Name

V-BL, L.P.

FILED

01 JUL 11 AM 8:47

Principal Place of Business

Mailing Address

**5601 SOUND BLUFF ROAD
OCEAN SPRINGS, MS 39564**

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OCEAN SPRINGS, MS 39564**

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

2. Principal Place of Business

3. Mailing Address

4200 COLLEGE PARKWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

FT. MYERS, FL

4. FEI Number

Applied For

Zip

Country

Zip

Country

64-0901511

Not Applicable

33919

LFE

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

**DON BOOIN
1290 NORTH PALM AVENUE
SARASOTA, FL 34236**

**NAME
BHARAT SANGANI
Street Address (P.O. Box Number is Not Acceptable)
4200 COLLEGE PARKWAY**

City FT. MYERS FL Zip Code 33919

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

Bharat Sangani

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.

7,500.00

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 # **F98000006348**
NAME **SMITA MANAGEMENT CORPORATION**
STREET ADDRESS **5601 SOUND BLUFF ROAD**
CITY-ST-ZIP **OCEAN SPRINGS, MS 39564**

STREET ADDRESS
CITY-ST-ZIP **300004484923--7**
-07/18/01--01080--009
******141.25 ****141.25**

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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

BHARAT SANGANI, PRESIDENT-SMITA MANAGEMENT CORP.

SIGNATURE: *Bharat Sangani*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)