

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B99000000262

1. Entity Name

DARTMORR PROPERTIES LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -3 PM 1:33



DO NOT WRITE IN THIS SPACE

Principal Place of Business

940 BOULEVARD OF THE ARTS
SARASOTA FL 34236

Mailing Address

940 BOULEVARD OF THE ARTS
SARASOTA FL 34236-4826

2. Principal Place of Business

2124 N. TAMiami TRAIL

3. Mailing Address

2124 N. TAMiami TRAIL

Suite, Apt. #, etc.

#207

Suite, Apt. #, etc.

#207

City & State

SARASOTA, FL.

City & State

SARASOTA, FL.

Zip

34234

Country

USA

Zip

34234

Country

USA

4. FEI Number

251684405

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PENN, DIANE

940 BOULEVARD OF THE ARTS
SARASOTA FL 34236

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$6,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$6,000

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 #
NAME CORRA, GENEVIEVE C TRUSTEE
STREET ADDRESS 200 LAKE BOULEVARD, NO 453
CITY - ST - ZIP BUFFALO GROVE IL 60089

DOCUMENT #
NAME PENN, DIANE
STREET ADDRESS 940 BOULEVARD OF THE ARTS
CITY - ST - ZIP SARASOTA FL 34236

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

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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

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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 #

DIANE PENN 4-28-00 (941) 366-2293

C:\E003 (9/99)