

# 2001 UNIFORM BUSINESS REPORT (UBR)

10/2

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DOCUMENT # B99000000262

1. Entity Name

DARTMORR PROPERTIES LIMITED PARTNERSHIP

FILED

OCT 12 PM 12:17

*uf*

Principal Place of Business

2124 N. TAMiami TRAIL #207  
SARASOTA FL 34234

Mailing Address

2124 N. TAMiami TRAIL #207  
SARASOTA FL 34234

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY SEPTEMBER 26, 2001

City & State

City & State

4. FEI Number 25-1684405

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

PENN, DIANE

~~840 BOULEVARD OF THE ARTS~~  
~~SARASOTA FL 34236~~

Name

DIANE PENN

Street Address (P.O. Box Number is Not Acceptable)

3124 N. TAMiami TR.

City

SARASOTA

FL

Zip Code

34234

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.

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 #

NAME

STREET ADDRESS

CITY-ST-ZIP

CORRA, GENEVIEVE C TRUSTEE  
200 LAKE BOULEVARD, NO 453  
BUFFALO GROVE IL 60089

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

PENN, DIANE  
2124 N. TAMiami TR., #207  
SARASOTA FL 34234

STREET ADDRESS

CITY-ST-ZIP

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DOCUMENT #

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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:

*DIANE PENN*

9/1/01 941-366-2293

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

CR2E003 (5/01)