

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
 05-21-2002 91161 038 ***150.00

DOCUMENT # **F95006000119** ✓
 1. Entity Name
Coolidge Key Largo Realty Corp.

Principal Place of Business Mailing Address
2250 Avenida Del Vera N. Ft. Myers Fl 33917 **2250 Avenida Del Vera N. Ft. Myers Fl. 33917**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **13-3797706** Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Callahan, W. Scott
37 North Orange Avenue, Ste. 200
Orlando FL 32801

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 **Scott Callahan** (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. 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 # NAME STREET ADDRESS CITY-ST-ZIP
Pres. Rosen, Michael
2250 Avenida Del Vera
N. Ft. Myers Fl. 33917
 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP
VP Clark, David
2250 Avenida Del Vera
N. Ft. Myers Fl 33917
 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP
VP Cordello, Doug
2250 Avenida Del Vera
N. Ft. Myers Fl 33917

13. ADDRESS CHANGES ONLY
 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: **[Signature]** 4/26/02 (941) 731-4538
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2F003 (9/99)