

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0007322 AT

DOCUMENT # **A30392**

1. Entity Name  
**FLAGLER BEACH VILLAS RRH, LTD.**



FILED

03 MAR 20 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**205 N.W. 22ND STREET  
P.O. DRAWER 2610  
GAINESVILLE FL 32602-2610**

Mailing Address  
**205 N.W. 22ND STREET  
P.O. DRAWER 2610  
GAINESVILLE FL 32602-2610**

2. Principal Place of Business  
**4821 NW 13th AVE.**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. BOX 358626**  
Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State  
**GAINESVILLE, FL**

City & State  
**GAINESVILLE, FL**

4. FEI Number **59-3046320**

Applied For  
Not Applicable

Zip **32605** Country **USA**

Zip **32635** Country **USA**

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

**SANCHEZ, J. ROLANDO  
205 N.W. 22ND STREET  
GAINESVILLE FL 32603**

Name

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

**4821 NW 13th AVE.**

City **GAINESVILLE**

FL

Zip Code **32605**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **J. Rolando Sanchez** **J. ROLANDO SANCHEZ, GENERAL PARTNER** **1-15-03**  
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. **\$200,224.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 **CHAPMAN, WAYNE A**  
STREET ADDRESS **P.O. BOX 977/N/A**  
CITY-ST-ZIP **OAK HARBOR WA**

STREET ADDRESS

CITY-ST-ZIP

**10001430321**  
**03/18/03--01015--004 \*\*535.00**

DOCUMENT #  
NAME **SANCHEZ, J. ROLANDO**  
STREET ADDRESS **205 N.W. 22ND STREET**  
CITY-ST-ZIP **GAINESVILLE FL 32603**

STREET ADDRESS

CITY-ST-ZIP

**4821 NW 13th Ave.**

**GAINESVILLE, FL 32605**

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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: **J. Rolando Sanchez** **1-15-03** **352-378-5454**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)