

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000001451**

1. Entity Name

SANDHURST LIMITED PARTNERSHIP

FILED

00 JAN 18 AM 11:23

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 845 TROPICAL CIRCLE SARASOTA FL 34242	Mailing Address 845 TROPICAL CIRCLE SARASOTA FL 34242-1440
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0546886	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PETERSON, RENNO L
1800 2ND STREET, SUITE 755
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$2,103,461.00**

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	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	LASCELLE, PHILIP M TRUSTEE 845 TROPICAL CIRCLE SARASOTA FL 34242
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	LASCELLE, SHIRLEY M TRUSTEE 845 TROPICAL CIRCLE SARASOTA FL 34242
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	LICHTENSTEIN, ALLAN M TRUSTEE 2501 S. TAMIAMI TRAIL SARASOTA FL 34239
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	100003112161--8 -01/27/00--01008--021
STREET ADDRESS	***526.25 ***526.25
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, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Philip M Lascelle* **1/10/00** (941) 349-301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #