

# 2001 UNIFORM BUSINESS REPORT (UBR)

0014225 AF

**DOCUMENT # A9500000232**  
 1. Entity Name  
**SOUTH FLORIDA SEASIDE RESORTS, LTD.**

FILED  
 01 MAY 16 AM 9:12  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

|  |  |
|--|--|
| Principal Place of Business<br>3045 ESTERO BLVD<br>FT MYERS BEACH FL 33931 | Mailing Address<br>3045 ESTERO BLVD<br>FT MYERS BEACH FL 33931 |
|--|--|



|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State |
|---|---|

5/10 DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0575570**  Not Applicable

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

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

6. Name and Address of Current Registered Agent  
**MELONIS, PETE**  
**3045 ESTERO BLVD**  
**FT MYERS BEACH FL 33931**

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. **\$7,073,750.00**

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 #                      | <b>P95000013210</b>                        |
| NAME                            | <b>SOUTH FLORIDA SEASIDE RESORTS, INC.</b> |
| STREET ADDRESS                  | <b>3045 ESTERO BLVD</b>                    |
| CITY-ST-ZIP                     | <b>FORT MYERS FL 33931</b>                 |
| DOCUMENT #                      |  |
| NAME                            |  |
| STREET ADDRESS                  |  |
| CITY-ST-ZIP                     |  |
| 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              |                              |
| STREET ADDRESS           |                              |
| CITY-ST-ZIP              |                              |
| STREET ADDRESS           | <b>700004422087--2</b>       |
| CITY-ST-ZIP              | <b>-06/15/01--01045--006</b> |
| STREET ADDRESS           | <b>***526.25 ***526.25</b>   |
| 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: Pete Melonis **PETE MELONIS** 5/12/01 941-415-1044  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)