

# 2001 UNIFORM BUSINESS REPORT (UBR)

0019065 AF

**DOCUMENT # A96000001169**

1. Entity Name  
**SANDESTIN BEACH HOTEL, LTD.**

**FILED**  
**01 MAR 12 AM 11:23**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**4000 SANDESTIN BLVD.  
DESTIN FL 32541**

Mailing Address  
**4000 SANDESTIN BLVD.  
DESTIN FL 32541**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip **32550** Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip **32550** Country

4. FEI Number **59-3398821** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**LLOYD, BRENDA  
4000 SANDESTIN BLVD.  
DESTIN FL 32541**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code **32550**

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. **\$18,139,766.00**

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>P96000052365</b>
NAME	<b>SH GENERAL PARTNER, INC.</b>
STREET ADDRESS	<b>4000 SANDESTIN BLVD.</b>
CITY-ST-ZIP	<b>DESTIN FL 32541</b>
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	<b>32550</b>
STREET ADDRESS	<del>000003852990-5</del>
CITY-ST-ZIP	<del>-03/14/01--01088--013</del> <del>***526.25 ***526.25</del>
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:** SIGNATURE REQUIRED *SH General Partner Inc* **3/7/01** **901-681-4181**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)