

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000002411**

1. Entity Name

**PALMETTO DUNES, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 10 PM 3:00



Principal Place of Business

3300 S. HIAWASSEE RD., SUITE 107  
ORLANDO FL 32835

Mailing Address

P.O. BOX 4961  
ORLANDO FL 32802-4961

2. Principal Place of Business

**800 N. HIGHLAND AVE**

3. Mailing Address

Suite, Apt. #, etc.

**SUITE 200**

DO NOT WRITE IN THIS SPACE

**62-166777**

City & State

**ORLANDO, FL**

City & State

4. FEI Number

**62-166777**

Applied For

Not Applicable

Zip

**32803**

Country

**USA**

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**B&C CORPORATE SERVICES OF CENTRAL FLORIDA  
390 N. ORANGE AVE., SUITE 1100  
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

**\$14,012,050.00**

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 # **P96000102142**  
NAME **PALMETTO DUNES, INC.**  
STREET ADDRESS **3300 S. HIAWASSEE RD., SUITE 107**  
CITY - ST - ZIP **ORLANDO FL 32835**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **800 N. HIGHLAND AVE, SUITE 200**  
CITY - ST - ZIP **ORLANDO, FL 32803**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS  
CITY - ST - ZIP

**000003174680--3**  
**-03/17/00--01083--027**  
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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: **PALMETTO DUNES, INC. G.P.**  
**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
**STEVEN G. KROPP, PRESIDENT**

**3-1-00**

Date

**407/297-1600**

Daytime Phone #

CR2E001 (03/01)