

# 2001 UNIFORM BUSINESS REPORT (UBR)

0009416 AF

**DOCUMENT # A98000000276**  
 1. Entity Name  
**INLET HOLDINGS, LTD.**

**FILED**  
 00 FEB 22 PM 9:23

Principal Place of Business      Mailing Address  
**941 N. HIGHWAY A1A**      **941 N. HIGHWAY A1A**  
**JUPITER FL 33477**      **JUPITER FL 33477**

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **65-0813531**      Applied For  
 Not Applicable

Zip      Country      Zip      Country

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

6. Name and Address of Current Registered Agent  
**KEMPE, JOSEPH C**  
**941 N. HIGHWAY A1A**  
**JUPITER FL 33477**

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.      **\$7,500.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P98000005001**  
 NAME **J.C. KEMPE MANAGEMENT, INC.**  
 STREET ADDRESS **941 N. HIGHWAY A1A**  
 CITY-ST-ZIP **JUPITER FL 33477**

STREET ADDRESS  
 CITY-ST-ZIP

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**000003768500-5**  
**-02/26/01--01137--014**  
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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~~  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**2/16/2001**  
 Date      Daytime Phone #

CR2E003 (11/00)