

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N29742**
 1. **SABAL POINT COMMERCIAL PROPERTY ASSOCIATION, INC.**

06-15-2001 90171 014 11:25
 SECURE N29742 OF STATE
 DIVISION OF CORPORATIONS

01 JUL 18 PM 1:24

Principal Place of Business
 c/o NTS Corporation
 10172 Linn Station Rd.
 Louisville, KY 40223

Mailing Address
 c/o NTS Corporation
 10172 Linn Station Rd.
 Louisville, KY 40223

A0073487

04-25-00 90039 014 \$61.25
 DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 61-1176499		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Zip	Country	Zip	Country	Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				Zip Code FL			

6. Name and Address of Current Registered Agent
ADAMS, GARY D.
5350 SHORELINE CIRCLE
LAKE FOREST, FL 32771

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

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 _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to: Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ADAMS, GARY D. 5350 SHORELINE CIRCLE LAKE FOREST, FL 32771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BAILEY, JUDY 5350 SHORELINE CIRCLE LAKE FOREST, FL 32771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CONTE, SANDRA 5350 SHORELINE CIRCLE LAKE FOREST, FL 32771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **3/28/01** **407-322-5250**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



10172 Linn Station Road
Louisville, Kentucky 40223
(502) 426-4800

July 9, 2001

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: Sabal Point Commercial Property Association, Inc.

To Whom It May Concern:

I have been trying for some time to file the 2001 annual report for the above referenced entity. When I did not receive a form annual report, I contacted your office and obtained a form to complete and submit, which I did. In response to the filing, I received a letter in early June stating that the 2001 annual report could not be filed for failure to file the 2000 annual report. I called your office and spoke to Tyrone, one of your operators, on June 7, 2001 who confirmed that the 2000 annual report had been filed. I confirmed with our bank that the check for the annual report cleared on May 4, 2000. Tyrone instructed me to resubmit the 2001 annual report for filing. I did so and have now received a second letter from your office.

This recent letter from your department details the administrative dissolving of the above referenced entity. This letter refers to correspondence sent from your office on May 2, 2000, and states that since the corporation did not respond to the May 2 letter, your office administratively dissolved the corporation. I have been responsible for filing the annual reports for the past and two years can find no record of the May 2 letter in my files. In fact, until I received your recent letter I was completely unaware of the May 2 letter. Likewise, when I spoke to Tyrone, he gave no indication that the corporation had been dissolved, for failure to file the 2000 annual report, and in fact told me that the 2000 annual report had been filed.

I made a good faith effort to file both the 2000 and 2001 reports correctly and on time. The 2000 annual report was never returned to me for correction, and since the check was cashed, I believe the 2000 annual report was filed and should be accepted. Therefore, I ask you to check your records again for the accepted filing, waive the reinstatement fee, and accept my 2001 filing which your office is holding.

Sincerely,

A handwritten signature in black ink, appearing to read 'Sarah J. Britt'.

Sarah J. Britt
Legal Assistant

/sjb