

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** A30978

**1. Entity Name**

SUNSET LAKES, LTD.

**Principal Place of Business**

**Mailing Address**

1314 E. CAPE CORAL PKWY #203 P.O. BOX 101335  
CAPE CORAL, FL. 33904 CAPE CORAL, FL. 33910

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

650260993

**Applied For**

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

IBC FIDUCIARY, INC.

100 SE 2nd. STREET SUITE 2315  
MIAMI, FL. 33131

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.**

3,310,348.00

**10. Amount of Capital Contributions in FLORIDA to date.**

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 # P97000060941  
NAME SUNSET LAKES EQUITIES, INC.  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS 1314 E. CAPE CORAL PARKWAY SUITE #203  
CITY-ST-ZIP CAPE CORAL, FL. 33904

DOCUMENT #  
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04/24/01

Daytime Phone #

FILED

MAY 16 PM 4:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MMJ

DO NOT WRITE IN THIS SPACE

CR2E003 (11/00)